

Name
in
Full

Mrs. Louisa A. Albert

CERTIFICATE OF DEATH

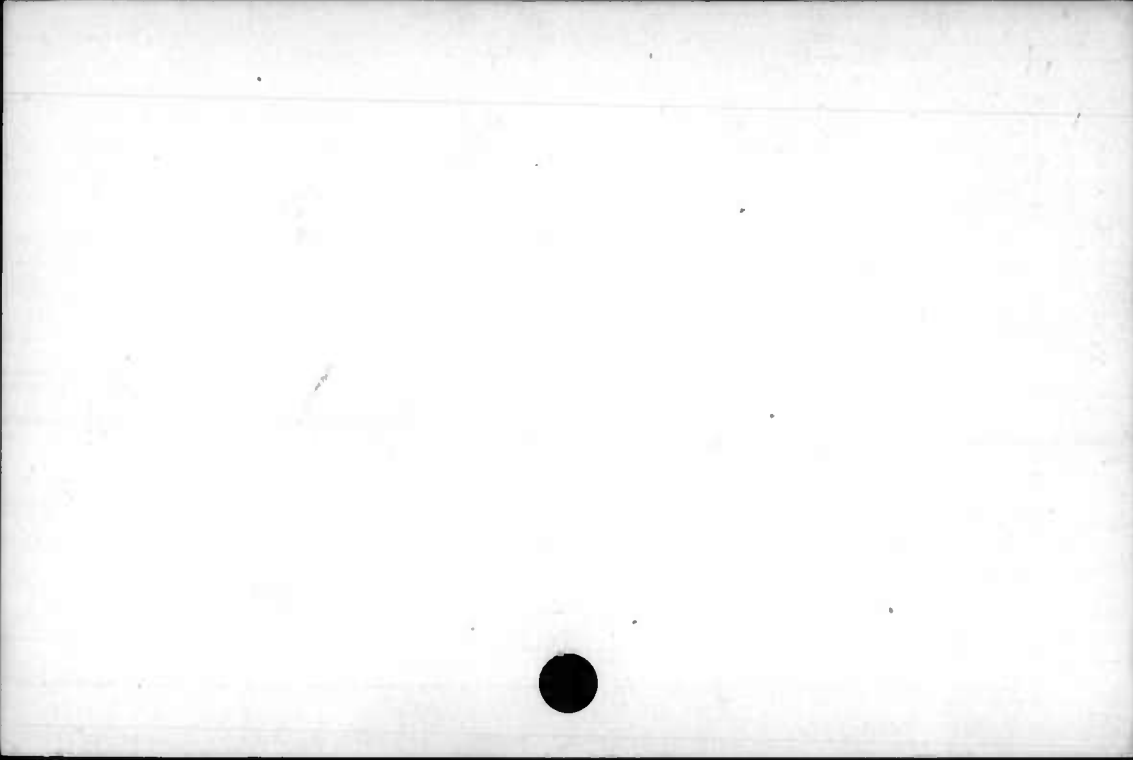
TO BE ANSWERED BY
NEAREST FRIEND

Died at near Beaver Creek <i>Washington</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Aug.</i>		Day <i>3</i>		Age <i>89</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Married, Single or Widowed <i>widow</i>		Occupation <i>H.W.</i>					
Name of the <i>George</i> Husband <i>Albert</i>							
Father's Name <i>Jacob Powles</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Louisa Barkman</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Wm. Albert</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>General Debility</i>		<i>15L</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>S. S. Davis M.D.</i>	
		Address <i>Boonsboro, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

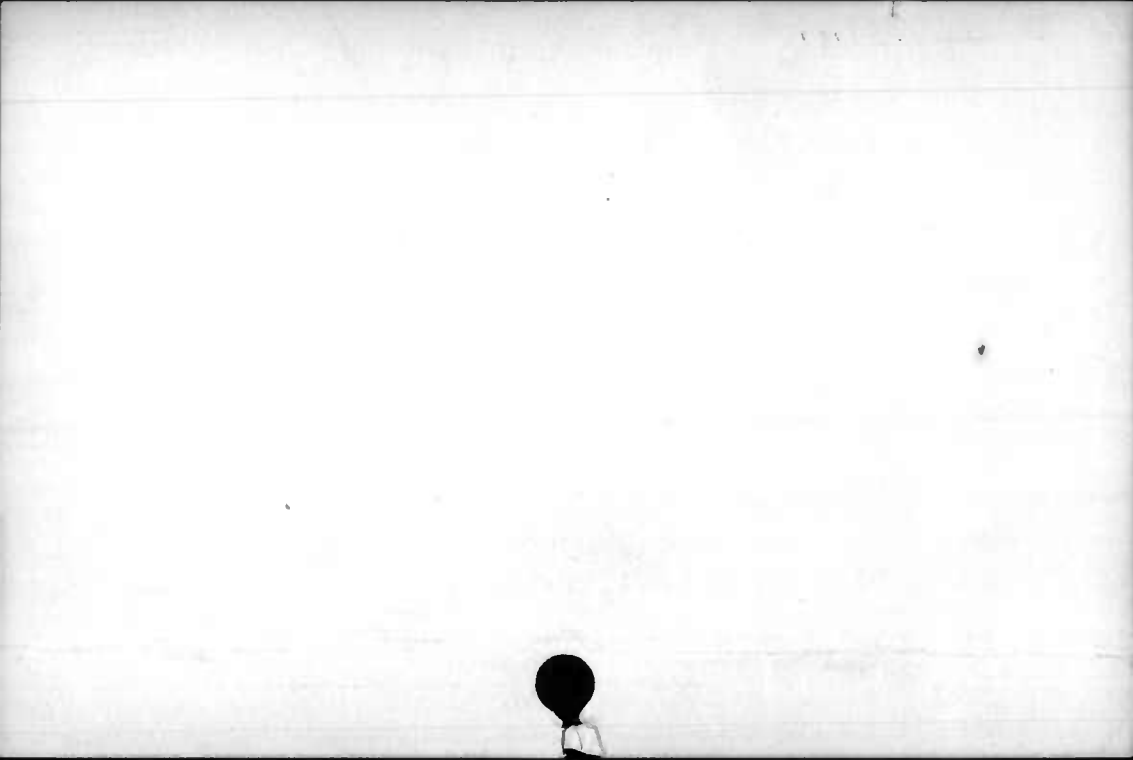
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Robt. O. Alexander</i>		Town <i>Nevertown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death 1903		Age		Months Days	
Month <i>Aug</i>		Day <i>12</i>		Years <i>12</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Nevertown</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>George F. Alexander</i>		Father's Birthplace <i>Fredricks Md</i>					
Mother's Maiden Name <i>Mary Bingham</i>		Mother's Birthplace <i>Nevertown</i>					
Name of person giving in formation <i>John R. Turner</i>		How related to deceased <i>not related</i>					
CAUSES OF DEATH <i>TV</i>							

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Accident by Drowning</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		<i>W. M. Clark D.P.</i>	



Name
in
Full

CERTIFICATE OF DEATH

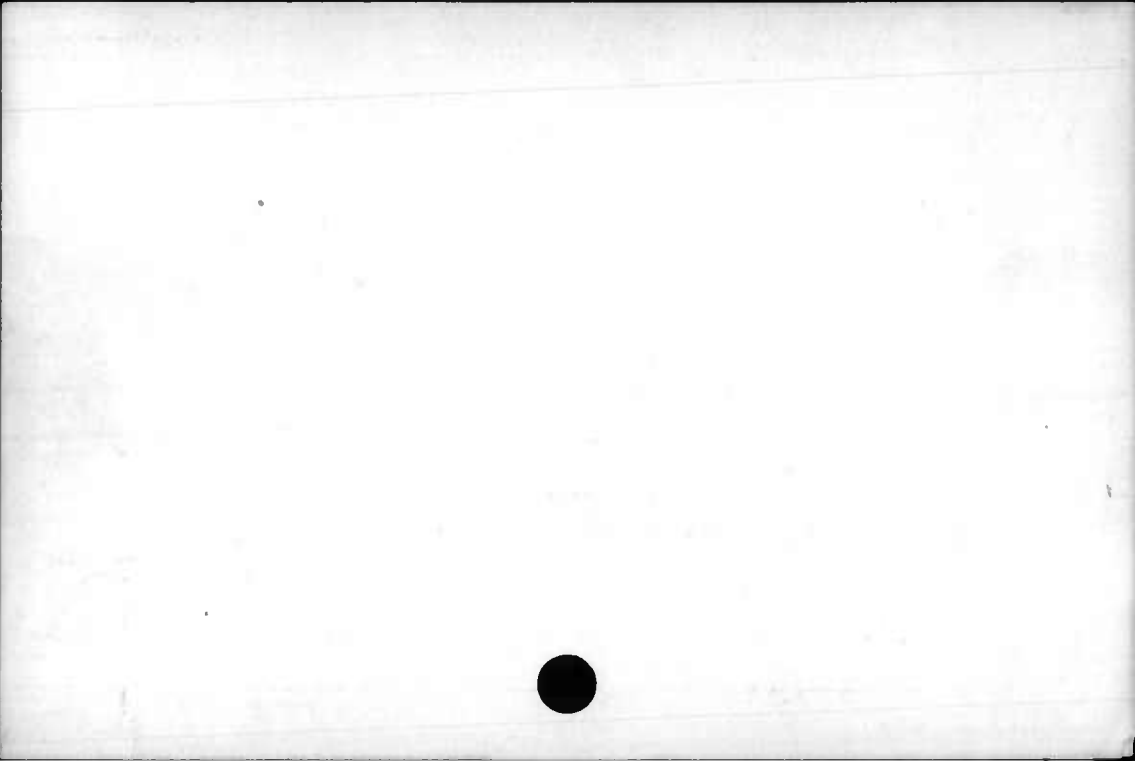
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John B. Bare</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Aug.</i>		Day <i>19th</i>		Age <i>52</i>	
Date of death 190 <i>3</i>		Years <i>52</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>Married</i>		Occupation <i>Trav. Salesman</i>					
Name of Wife or Husband <i>Mary C. Bare</i>							
Father's Name <i>Nelson Bare</i>				Father's Birthplace <i>Va.</i>			
Mother's Maiden Name <i>Rebecca Brauner</i>				Mother's Birthplace			
Name of person giving information <i>Mary C. Bare</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Obstruction of bowels</i>		How long <i>2 days</i>	
Immediate <i>Exhaustion</i>		How long <i>several days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. H. W. Pagan</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Geo Washington

Borough

Town

County

MARYLAND

Died at

Dry Run

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug. 29

Age

42 11 9

Penna -

Farmer

Male

Yes

White

Yes

Married

Yes

Widow

No

Divorced

No

Female

No

Colored

No

Single

No

Widower

No

Number of children living

7

Husband of

Wife

Father's

Name

Borough Jacob

Mother's

Maiden Name

James

Lawton

Cause of

Primary

Tumor on Brain

How long sick

Something over 7

Death

Immediate

12 to 18 months

Accident, Suicide, Homicide

Reported by

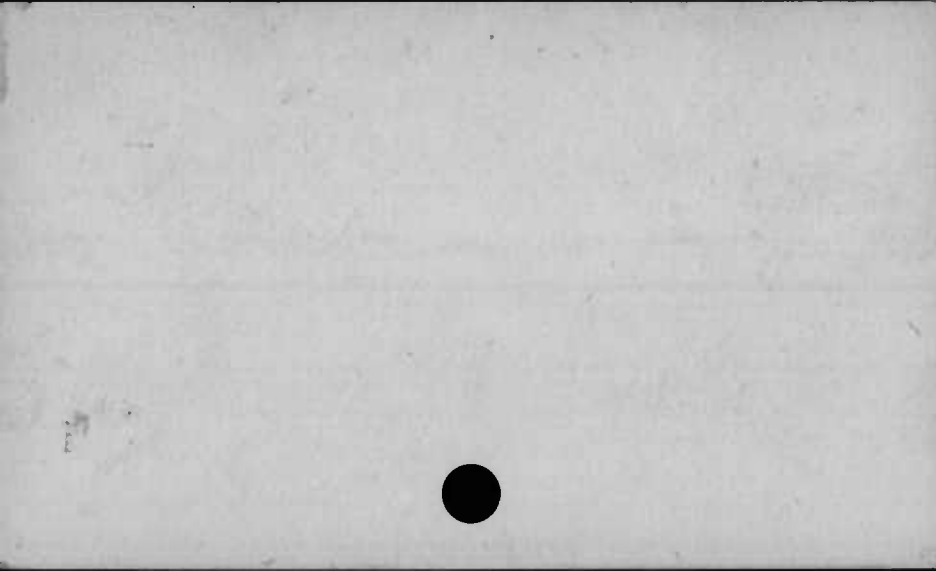
B. F. Angle - Undertaker

Address

Kasisville

Franklin County Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

C. Emd Boward

CERTIFICATE OF DEATH

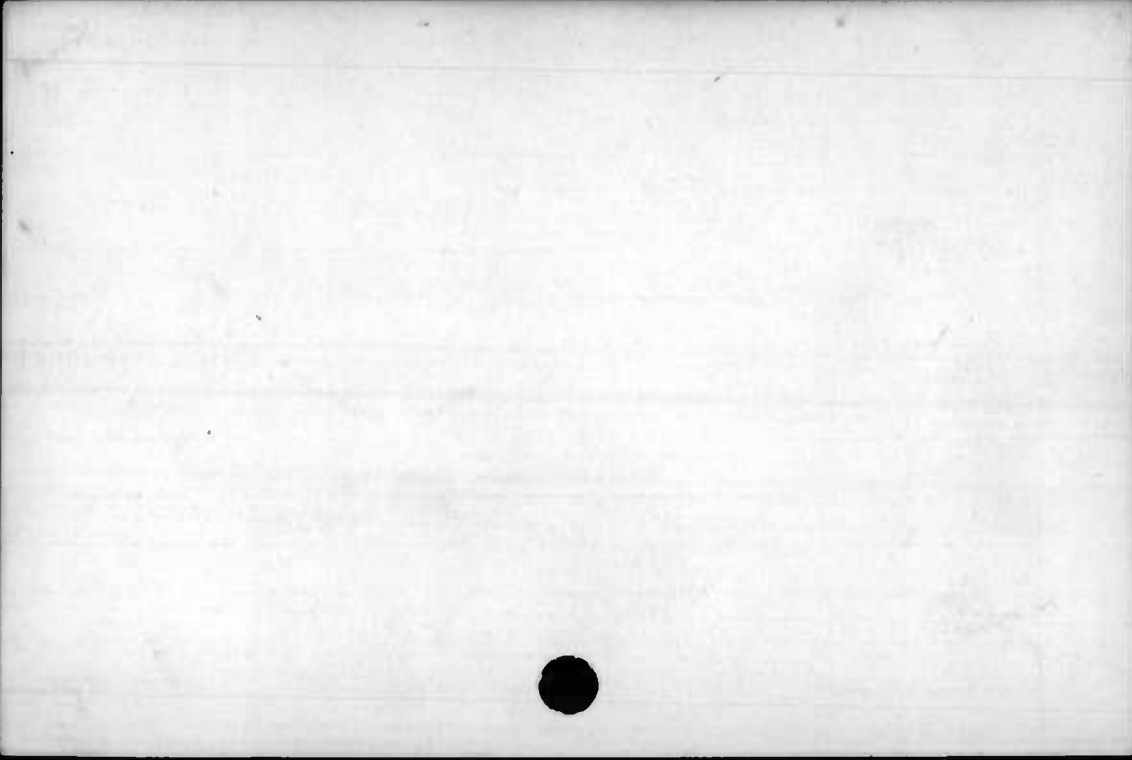
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>8</i>	Day <i>29</i>	Age <i>59</i>	Years <i>59</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Police man</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah J. Brown</i>				
Father's Name <i>Andrew</i>	<i>Boward</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Catharine</i>	<i>Eliprity</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Norman</i>	<i>Boward</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangulation from false teeth. few min.</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>J. E. Pitinogle</i>		
Address	<i>Hagerstown Ind.</i>		
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Ann ~~Jeff~~ Bowman

Town

County

Died at

Frankstown Washington

MARYLAND

Date 1903

Month Day
Aug-21

Age

Y. M. D.
70 . 0 . 10

Native of

Frankstown

Occupation

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

one

~~Husband~~

of

Aaron Bowman

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Cerebral Softening.

How long sick

29 days.

Death

Immediate

General Exhaustion.

Accident, Suicide, Homicide

Reported by

Dr. F. D. Newcomer

Address

Frankstown, Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUPEAU, 79898



Name
in
Full

Matilda Bradshaw,

CERTIFICATE OF DEATH

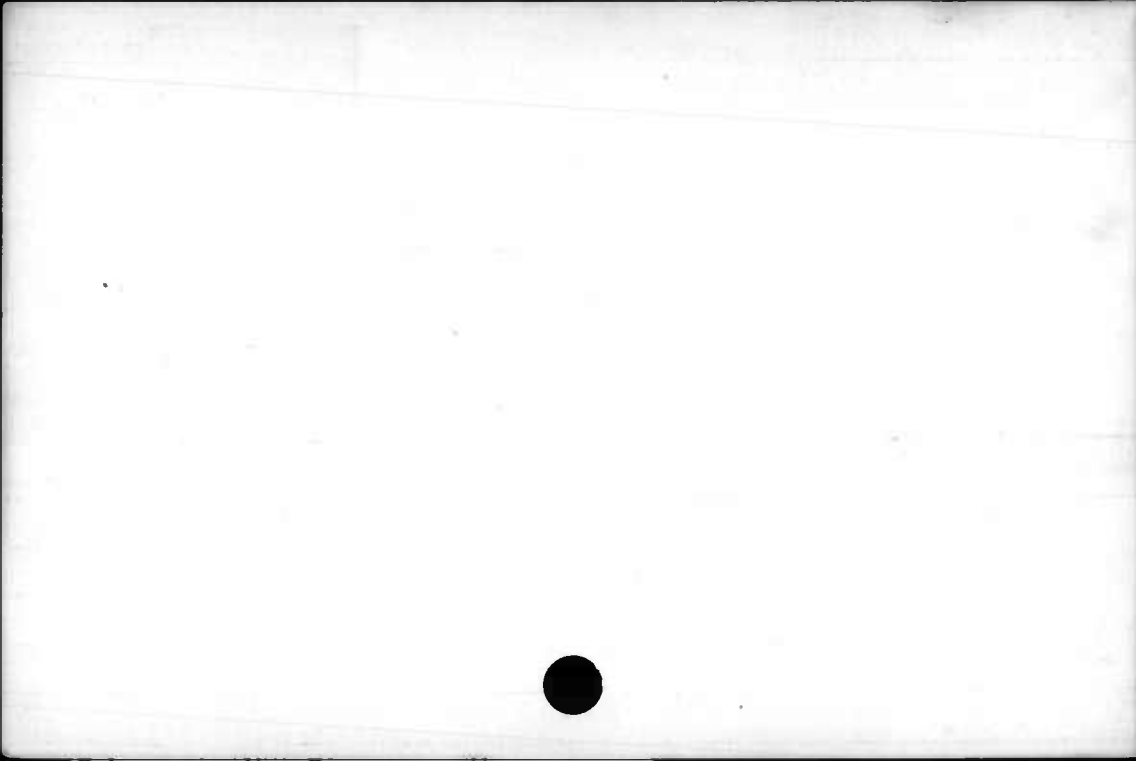
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bellview</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Aug</i> ^{Month}	<i>29</i> ^{Day}	<i>6</i> ^{Years}	<i>2</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington Co. Md.</i>		
Occupation <i>N.C.W.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow.</i>	Name of Wife or Husband <i>Yanack Bradshaw.</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Mrs. D.R. Hager</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long
Immediate <i>Pulmonary Embolism</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Frances Fay Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Big Spring</u>		County <u>Washington</u>		MARYLAND	
Date of death 190	3	Month	8	Day	18	Age	Years <u> </u> Months <u> </u> Days <u>13</u>
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Big Spring Md.</u>
Married Single				Occupation <u> </u>			
Name of Wife or Husband <u> </u>							
Father's Name <u>Clarence Brown</u>				Father's Birthplace <u>Washington Co.</u>			
Mother's Maiden Name <u>Myrtle Leila Charles</u>				Mother's Birthplace <u>Washington Co.</u>			
Name of person giving information <u>Mrs. Myrtle L. Brown</u>				How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>Thirteen days</u>
Immediate	<u>Inanition</u>	How long	<u>Thirteen days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Abraham Shank</u>
		Address	<u>Clearspring</u>
			<u>Washington Co. Md.</u>

~~Accident~~



Name
in
Full

CERTIFICATE OF DEATH

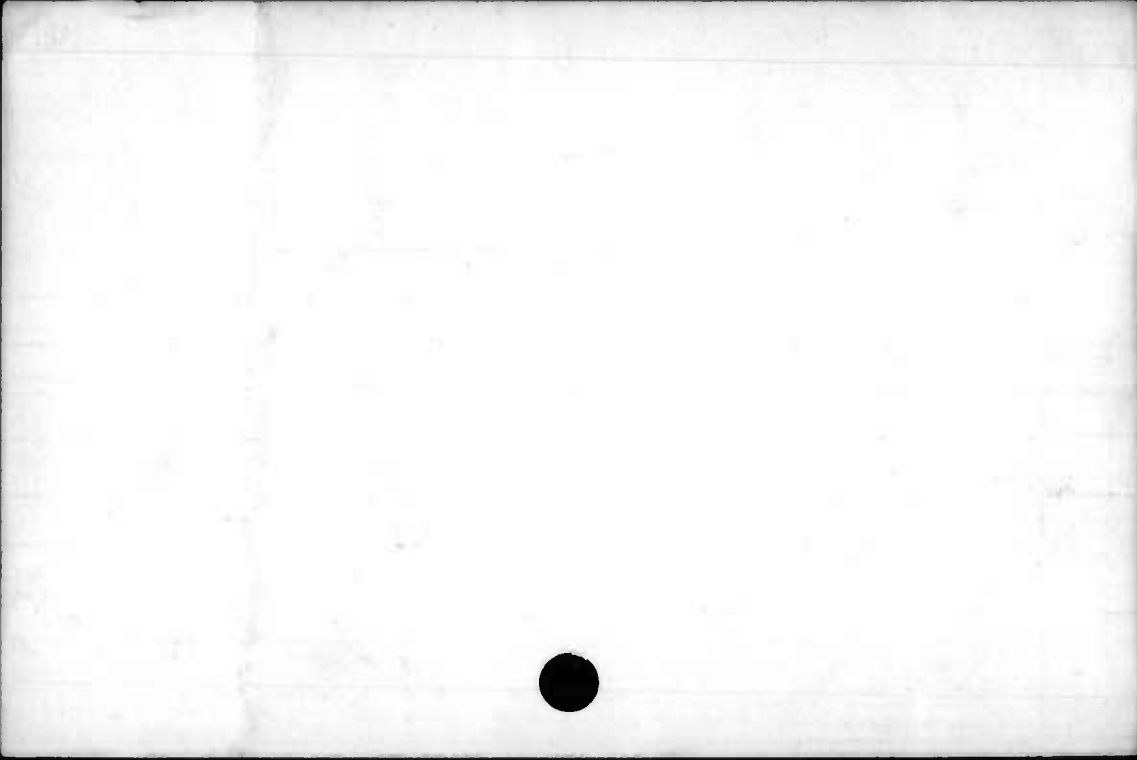
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Tracy E Bryan</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>27</i>		Years <i>60</i>	
Date of death <i>1903</i>		Month <i>8</i>		Day <i>27</i>		Age <i>60</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>10</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Days <i>16</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Lee M. Bryan</i>		Father's Birthplace <i>Germany</i>			
Father's Name <i>Lourence Shover</i>		Mother's Maiden Name <i>Annie Josephine Mumber</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Leysie Gould</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Intestines</i>		How long <i>some months</i>	
Immediate <i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. B. Byrd M.D.</i>	
Accident or Suicide?		Address <i>"</i>	



Name
in
Full

CERTIFICATE OF DEATH

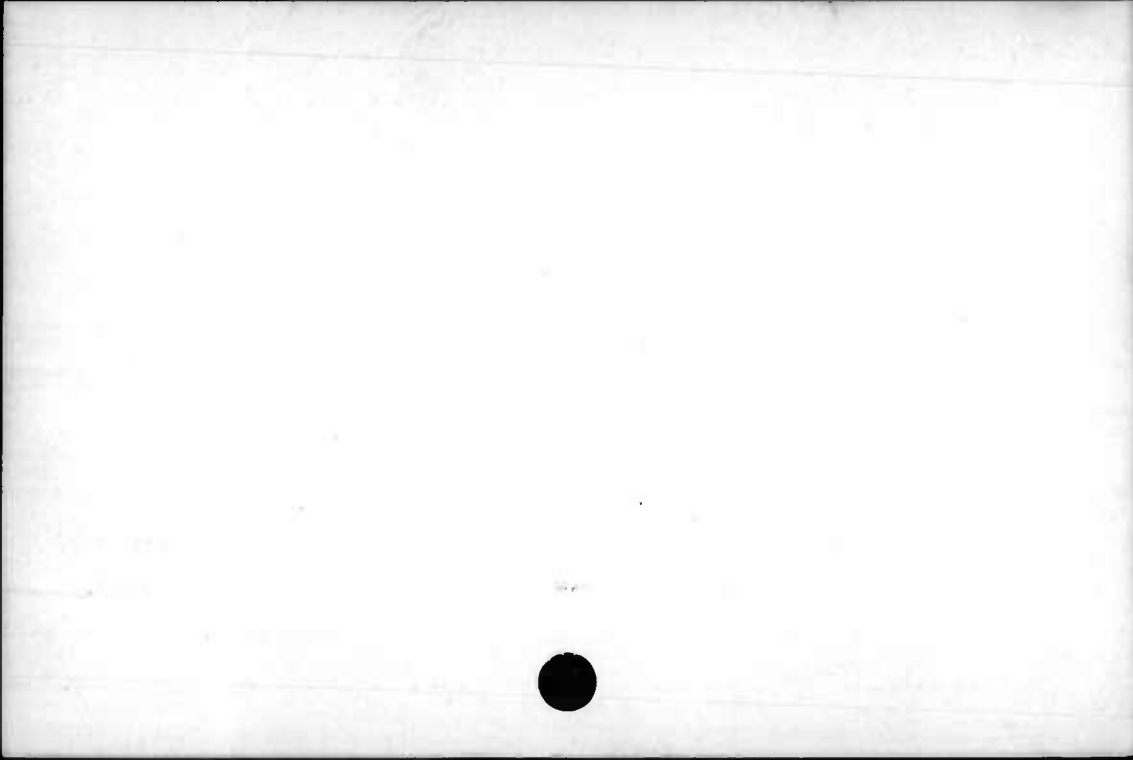
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>still Born</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>				
Married, Single or Widowed <i>single</i>		Occupation <i>child</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Ward B. Bulorman</i>				Father's Birthplace <i>MD.</i>			
Mother's Maiden Name <i>Edna M. Ward.</i>				Mother's Birthplace <i>Virginia.</i>			
Name of person giving information <i>Edna M. Bulorman</i>				How related to deceased <i>mother.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born.</i>	How long
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Mansgum</i>
	Address <i>Hagerstown</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

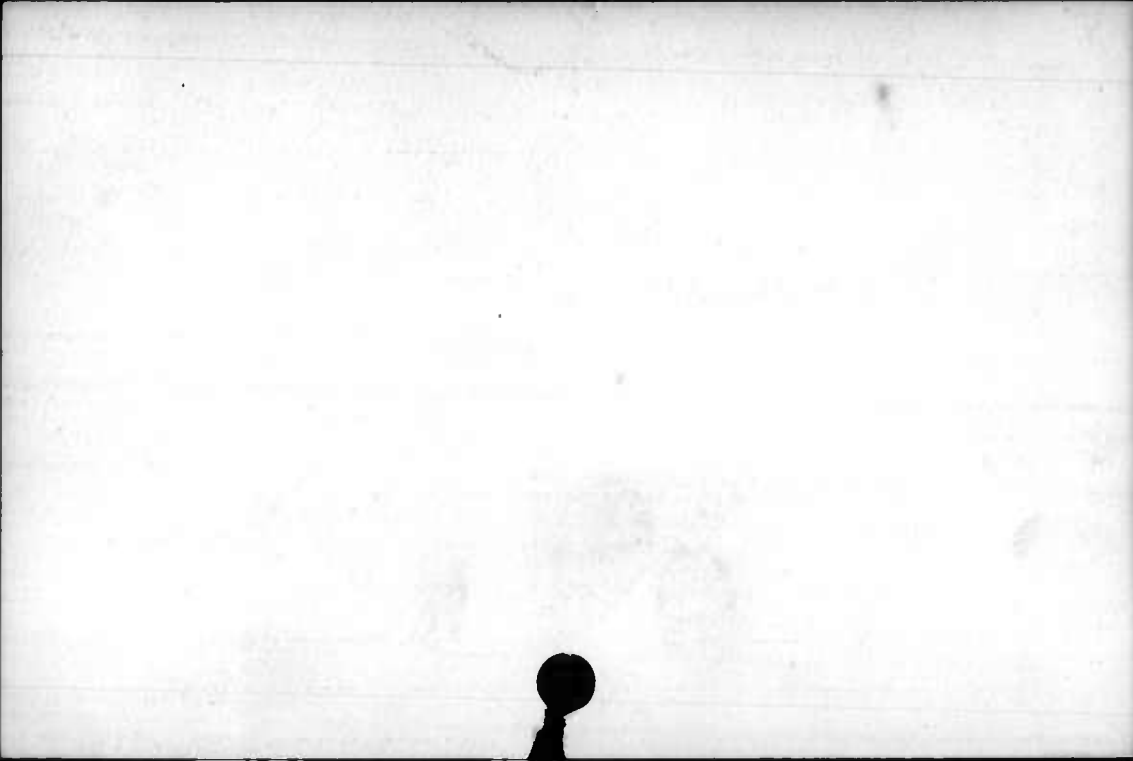
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Frederic C. Beeler</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>10</i>		Years <i>5-8</i>	
Date of death 190 <i>3</i>		Age <i>5-8</i>		Months <i>10</i>		Days <i>2-9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Hotel / Keeper</i>					
Name of Wife or Husband <i>Rebecca Beeler</i>							
Father's Name <i>David</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Sophia Stonebreaker</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>urmic intoxication</i>	How long <i>not long</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. B. Boyle M.D.</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

Earl F. Bussard

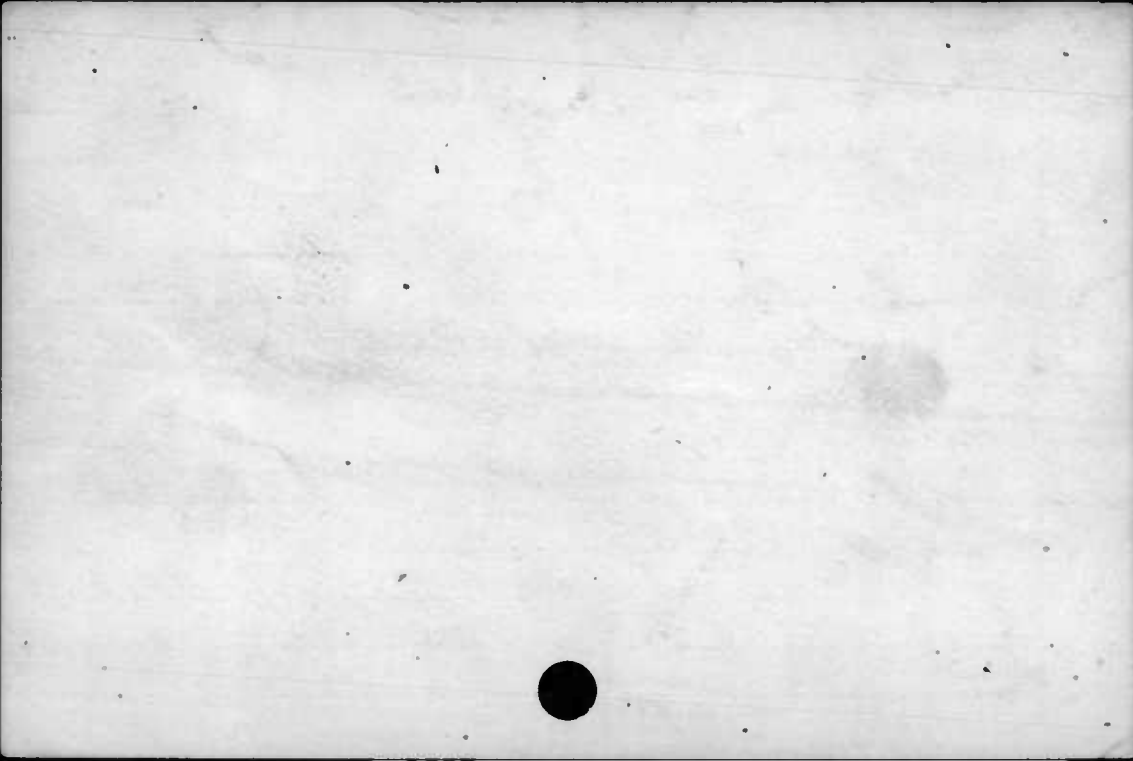
No 146
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	Aug	Day	15	Age
						2	Years
						21	Months
						21	Days
Sex		Male		Color or Race		White	
						Birthplace	
						Pineburg	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Sam'l. F. Bussard				Smithburg.			
Mother's Maiden Name				Mother's Birthplace			
Gertrude Starchman				Halfway.			
Name of person giving Information				How related to deceased			
W. E. Bussard				Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Entero Colitis 105		How long		18 days.	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
yes				Thos Boase			
I M Miller Underwriter				Address			
				Windsor, Md			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

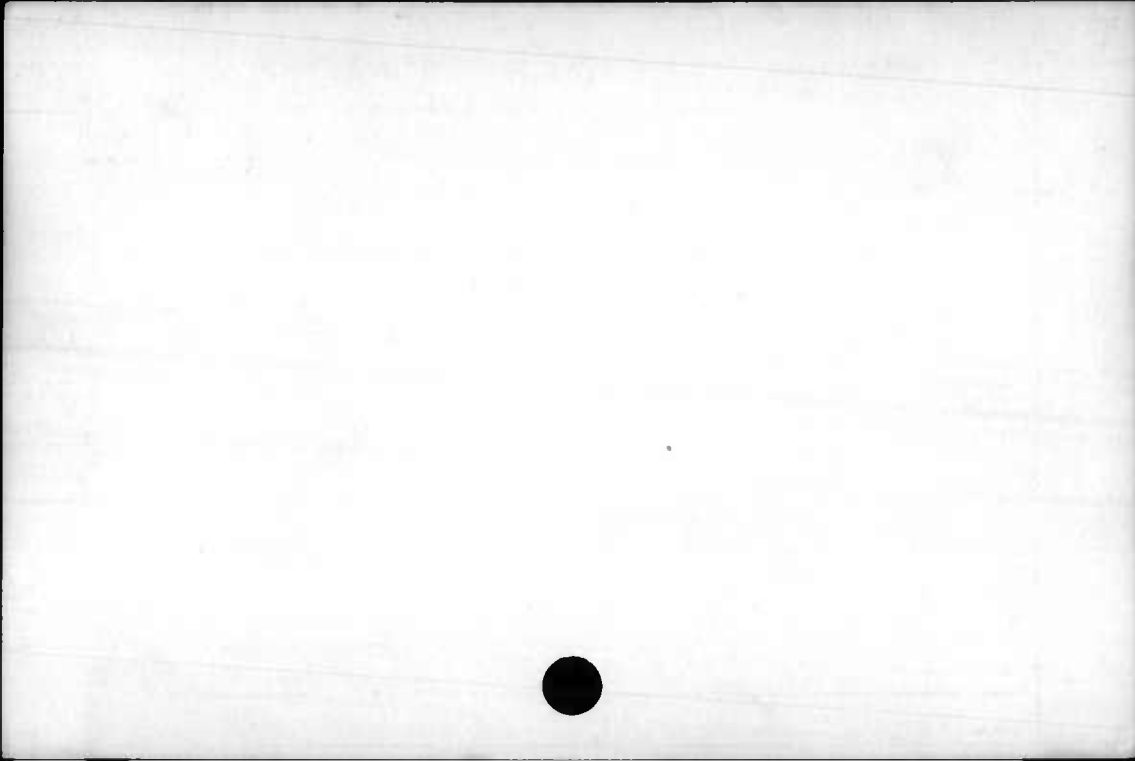
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Beaver Creek</u> ^{Town}		<u>Wash.</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>B. Creek</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Ell. Butterbaugh</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Anna W.</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Protracted labor</u>	How long <u>151</u>
Immediate <u>Atelectasis Fide</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>S. S. Davis</u>
	Address <u>Bonsboro</u>
	<u>md</u>
Accident or Suicide?	



Johan Vennick Cearfoss

Died at Beauregard Town Washington County MARYLAND

Date 1903 Aug. 27 Month Aug. Day 27 Y. 62 M. 7 D. 7 Native of Mass Occupation Housewife

Male White Married Widow Divorced
Female Colored Single Widower Number of children living 7

~~Husband~~ of Abearn Cearfoss
 Wife
 Father's Name
 Mother's Name 69

Cause of Death { Primary Epileptic Convulsions once with
 Immediate Exhaustion How long sick
Accident, Suicide, Homicide

Reported by H. C. R. Miller M.D.
 Address Mason & Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Broadly



Name in Full

Certificate of Death

Noah. W. Churchay

Town

County

Died at

Lappans Wash.

MARYLAND

Date

1903 Aug 7

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

Wash. Co. Laborer

Male

White

Married

Age 48.

Number of children living

2

Husband

of

Anna Churchay

Father's

Name

Pearl Churchay

Mother's

Name

Mary J. Metz

Cause of

Primary

Tuberculosis of Lungs. 8 months.

Death

Immediate

Heart Failure

How long sick

About 8 weeks, Homicide

Reported by

F. Franklin Schame

Address

Bakersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REVER



Name in Full

Certificate of Death

Oleria Kate Copper

Town

County

Died at Leitersburg

Prase

MARYLAND

Date 1903 8 13

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

8

13

Age

11

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76229



Name In Full

Certificate of Death

Samuel Bender Connor

Town

County

Died at

MARYLAND

1903 Month Day Y. M. D. Native of Occupation
 Date 189 Aug 10 Age 16 9 20 Wash. Co.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Charles Connor

Etta J. Bender

Cause of

Primary

Tetanus 22

How long sick

2 1/2 days

Death

Immediate

General Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. N. Newcomb

Address

Sunseton, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in Full

CERTIFICATE OF DEATH

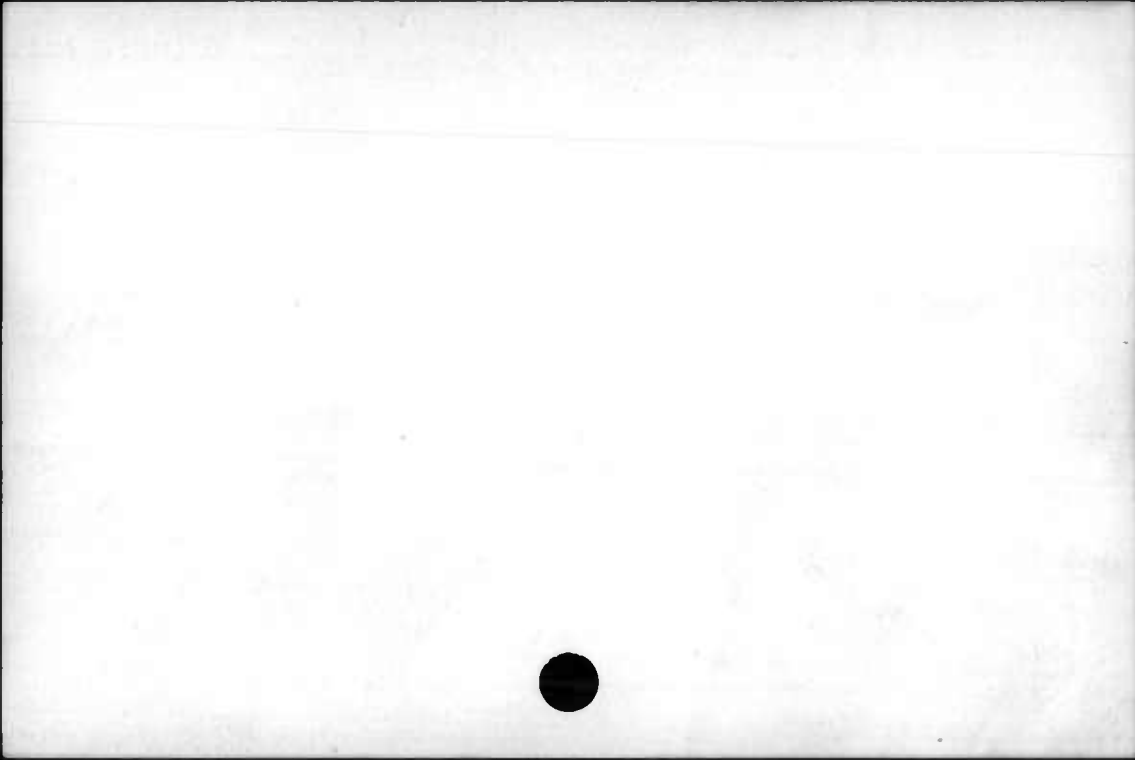
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		108		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Obstruction of Bowels	How long	3 wks
Immediate	Convulsions	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. M. Schindler, M.D.	
		Address	
		134 W. Potomac St	
		Hagerstown Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mrs. Mary C. Cook* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death 190 *3* ^{Month} *Aug* ^{Day} *8* Age *76* ^{Years} *7* ^{Months} *8* ^{Days}

Sex *female* Color or Race *white* Birth-place *Md.*

Married, Single or Widowed *widow* Occupation *H.W.*

Name of ~~Wife~~ Husband *Thomas Cook.*

Father's Name *Michael Riley* Father's Birthplace *Md.*

Mother's Maiden Name *Elizabeth Gallagher* Mother's Birthplace *"*

Name of person giving information *Mrs. Jos. Dotterer* How related to deceased *daughters*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastric ulcer* — How long —

Immediate *Hemorrhage.* *103* How long *5 minutes*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *V. J. Stiller*

Address *Hagerstown, Md.*

Accident or Suicide? *—*

26

43

36

20

2

—

AUG 11 1903

56

✓

153

✓

156

✓

20

2

Name
in
Full

Charles H. Crowl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>21</i> <small>Years</small>	<i>42</i> <small>Months</small>	<i>10</i> <small>Days</small>	<i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Near Beddington W. Va</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Katherine Crowl</i>					
Father's Name <i>Henry Crowl</i>			Father's Birthplace <i>Near Beddington W. Va</i>		
Mother's Maiden Name <i>Eliza Hoke</i>			Mother's Birthplace <i>York, Pa</i>		
Name of person giving information <i>Katherine Crowl</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Injury from a fall</i> <i>16</i>	How long <i>21 or 22 hours</i>
Immediate <i>Concussion & Compression of Brain</i>	How long <i>21 or 22 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Howell Hardman</i>
<i>To best of my knowledge</i>	Address <i>Sharpsburg - Md.</i>
Accident or Suicide?	

Chas. S. Ward,
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Russell H. Buddy</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>24</i>		Age <i>10</i>	
Date of death 1903		Month <i>8</i>		Day <i>24</i>		Age <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Harry Buddy</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Sarah J. Bowman</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving Information <i>Harry Buddy</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accutition</i>		How long <i>179</i>	
Immediate		How long <i>179</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. A. Byrd</i>	
Address <i>Chas. A. Byrd</i>			
Accident or Suicide?			

Harrisby

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret Daugherty* Town *Fairplay.* County *Washington* MARYLAND

Died at *Fairplay.*

Date of death 190 *3* *May* *23* Age *71* Years *10* Months *5* Days

Sex *Female* Color or Race *White* Birth-place *MD*

Married, Single or Widowed *Widowed* Occupation *Housewife*

Name of Wife or Husband *James Daugherty*

Father's Name *Christian Palmer* Father's Birthplace

Mother's Maiden Name *Knodle* Mother's Birthplace

Name of person giving information *A.C. Daugherty* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Bright's Disease* How long *120*

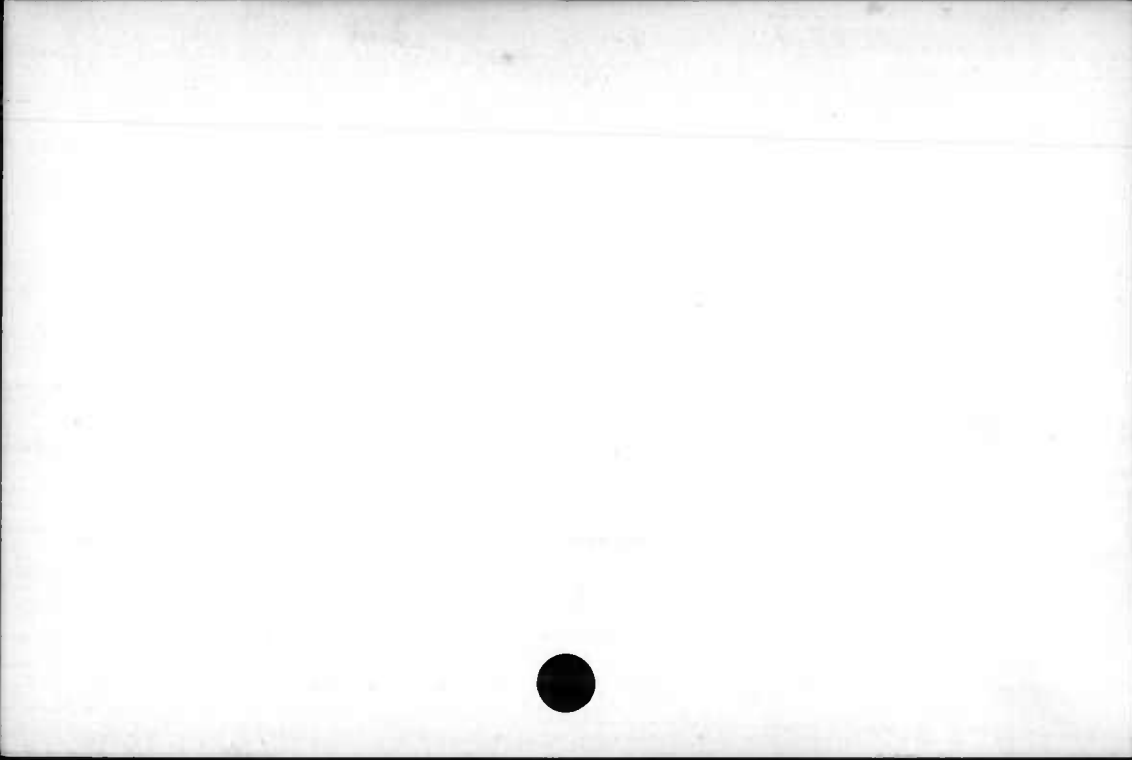
Immediate *Anemic Delirium* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G.M. Reichard*

Address *Fairplay.*

☒ Accident or Suicide?



Name
in
Full

Perry Siggers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		Aug		16 th		Age 70	
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Laborer	
Name of Wife or Husband		Elizabeth Siggers					
Father's Name		—				Father's Birthplace	
Mother's Maiden Name		—				Mother's Birthplace	
Name of person giving information		—				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Valvular Disease Heart		—	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes -	
Signature of Physician		W.B. Wheeler & Son	
Address		Beausbois	
Accident or Suicide?		Washington Co -	



Name
in
Full

Ephraim Epler.

CERTIFICATE OF DEATH

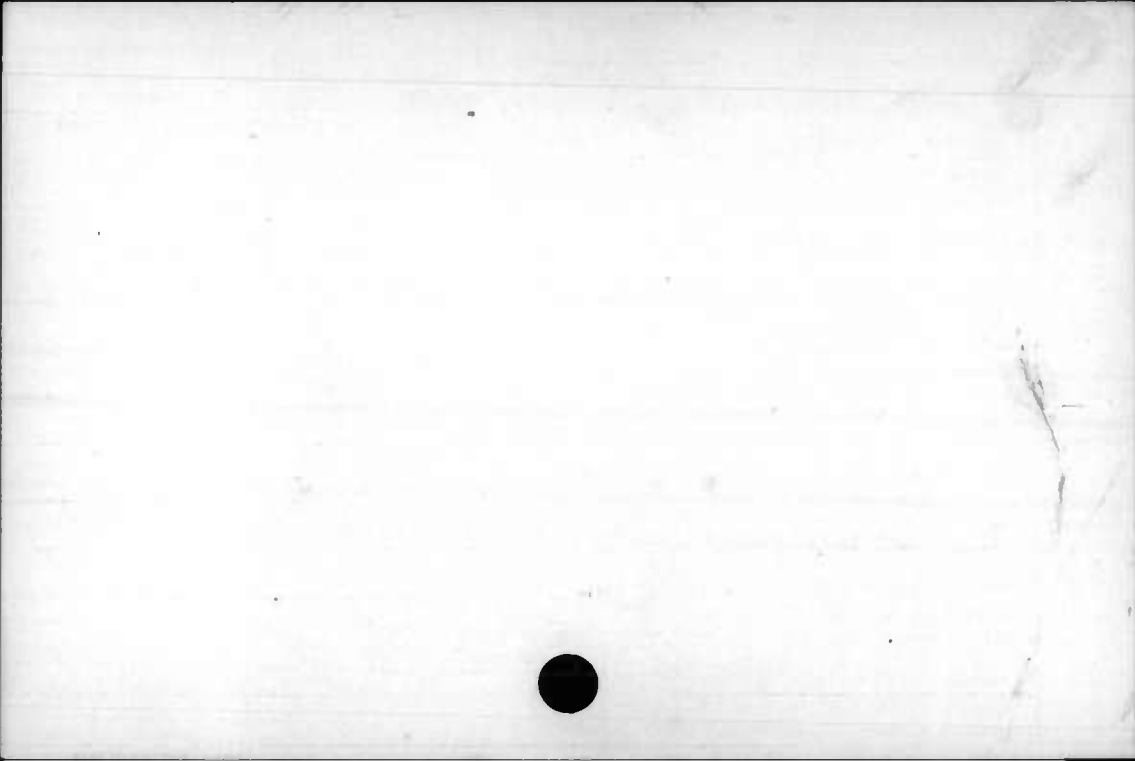
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	3	Month <i>Aug</i>	Day <i>30</i>	Age <i>68</i>	Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>Hotel Proprietor</i>			
Name of Wife or Husband <i>Mrs Sarah Jacques Epler</i>					
Father's Name <i>Jacob Epler</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Matilda Oster</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Sarah Epler</i>		How related to deceased <i>Wife.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dances</i>	How long <i>one yk.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Mark and</i>
	Address <i>50 Capretter road</i>
Accident or Suicide?	



Name in Full

Certificate of Death

George F. High

Town

County

MARYLAND

Died at Ringgold Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1900

Aug 16

Age 64-5-14

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Valvular Disease of Heart & Nephritis

How long sick

Some years

Death

Immediate

Hemorrhage from the bowels

Accident, Suicide, Homicide

Reported by

J. B. Huberson

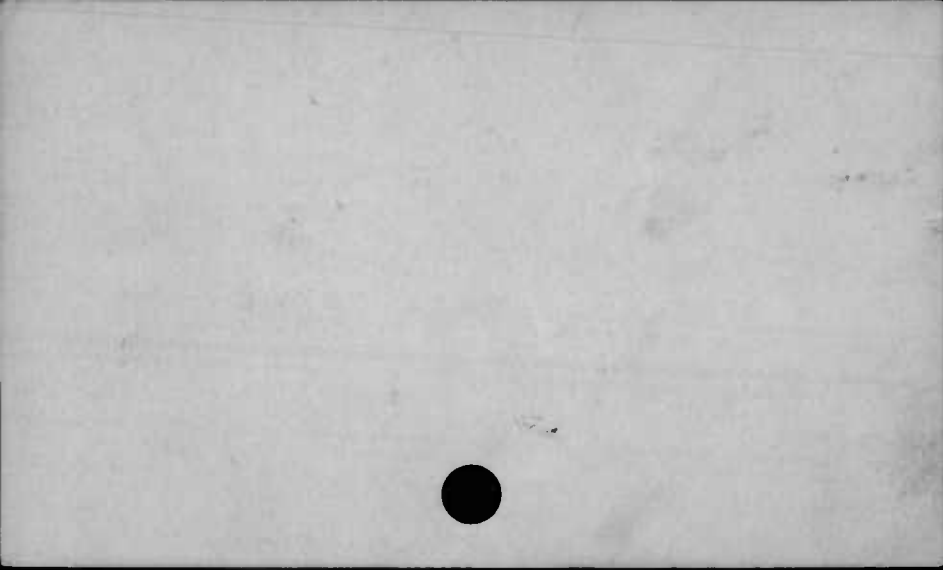
Address

130 W. Main St.

Waynesboro Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72825



Name in Full		Mary. Funkhouser				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Bellefonte Asylum		Washington				
		Date of death 1903	Month	Day	Years	Months	Days	
			Aug	17	Age	12		
		Sex	Female		Color or Race	White	Birth-place	Wash. Co.
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name				Father's Birthplace		
		Albert Funkhouser						
		Mother's Maiden Name				Mother's Birthplace		
		Katie Mills						
		Name of person giving information				How related to deceased		
		Mrs DR Hager				None		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Tuberculosis				12 yrs		
		Immediate				How long		
		Cerebral Convulsions				2 Days.		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Yes				W B Morrison		
						Address		
						Hagerstown. Md.		
		Accident or Suicide?						
		No						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susan Galloway* Town *Hagerstown* County *Washington*

Died at *Hagerstown* *Washington*

Date of death 190 *3* *Aug* *18* Age *46* Months *1* Days *2*

Sex *Female* Color or Race *Black* Birth-place *Chumville*

Married, Single or Widowed *Married* Occupation *House work*

Name of Wife or Husband *Samuel Galloway*

Father's Name *Samuel Keyser* Father's Birthplace *Don't know*

Mother's Maiden Name *Emily Johnston* Mother's Birthplace *Don't know*

Name of person giving information *Samuel Galloway* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Organic Heart Disease* How long *Unknown*

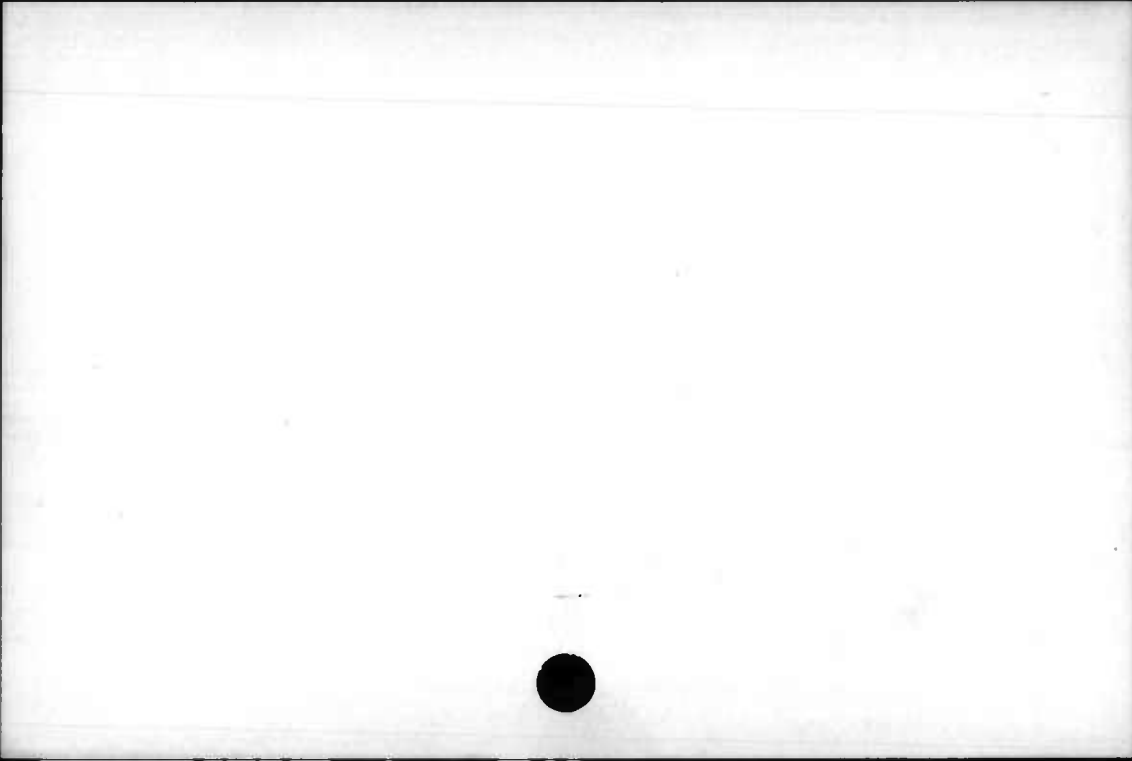
Immediate *Exhaustion - Cardiac* How long *Unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. J. Scott*

Address *Hagerstown, Md*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

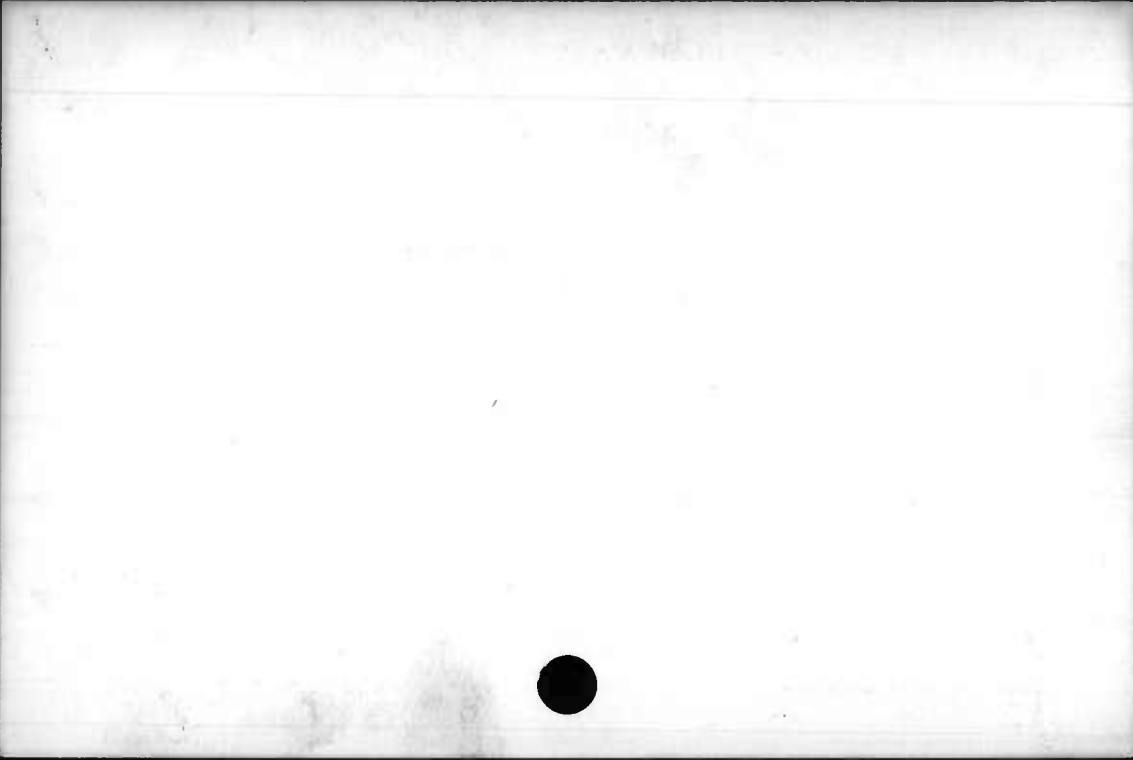
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Good</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Aug</i>		Day <i>20</i>		Years <i>27</i>	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>20</i>		Years <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Na</i>			
Occupation <i>house work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Good</i>					
Father's Name <i>William Wilson</i>		Father's Birthplace <i>Na</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Na</i>					
Name of person giving Information <i>John Good</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Cardiac Asthma</i>		How long <i>179</i>	
Immediate Cause <i>Exhaustion</i>		How long <i>Some time</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. A. Williams</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?			



Name in Full		Sophia Jane Groves				CERTIFICATE OF DEATH	
		Town		County		143	
Died at		Pinesburg		Was		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
		Aug	1	66	7	2	7
Sex		Female		Color or Race		White	
				Birth-place		Fayette, Md	
Married, Single or Widowed		Single		Occupation		Housekeeper	
Name of Wife or Husband		Isaac Groves					
Father's Name		John Cook				Father's Birthplace	
						—	
Mother's Maiden Name		Nancy Stake				Mother's Birthplace	
						— Pa	
Name of person giving information		J. F. Kupe 27				How related to deceased	
						None	
CAUSES OF DEATH							
Primary		Pulmonary Tuberculosis				How long	
						27	
Immediate		Lung Consumption				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. D. F. Lesher	
				Address		Maryland	
Accident or Suicide?		Natural					

Frank Kress undentatke

Name
in
Full

Saccure Haurmel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bellevue		County Washington		MARYLAND	
Date of death	1903	Month Aug	Day 20	Age 85	Years	Months 7	Days
Sex	Male		Color or Race	White		Birth- place	Hagerstown Md
Occupation	Shoemaker			Where Residing if not at place of death			
Married, Single or Widowed	widower		Name of Wife or Husband Lizzie Allison				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	W R Hager					How related to deceased none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	15
Immediate	Found dead in bed.	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W R Hager
		Address	Hagerstown Md.
Accident or Suicide?	no		



Name
in
Full

Eckold of Clarence Harbaugh

CERTIFICATE OF DEATH

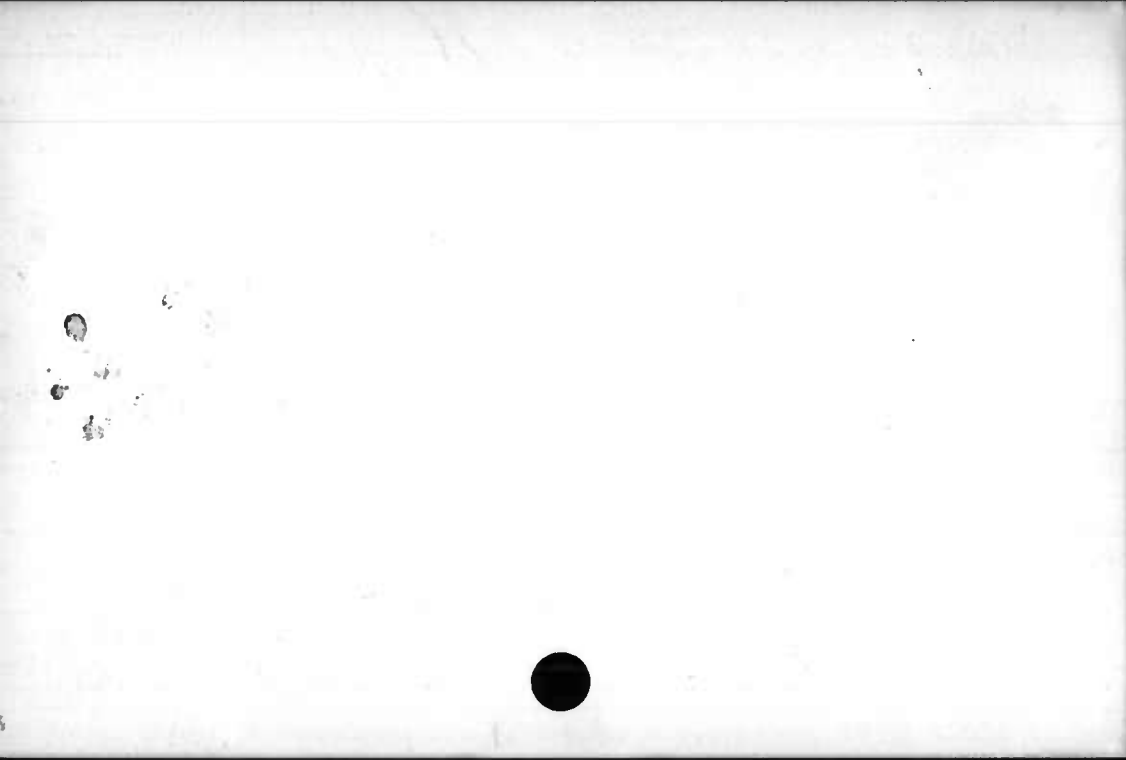
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>8</i>		Day <i>3</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>—</i>		Months <i>—</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>		Days <i>6</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Clarence Harbaugh</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Maud Trivinger</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Clarence Harbaugh</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insanitione</i>		How long <i>151</i>	
Immediate <i>Exhaustion</i>		How long <i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>C. R. Schell</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Mary Ingram

CERTIFICATE OF DEATH

Town

County

Washington

MARYLAND

Died at

Date

of death 190

3

Month

August

Day

2nd

Age

Years

54

Months

11

Days

9

Sex

Female

Color or
Race

White

Birth-
placeWashington
Hagerstown CountyMarried, Single
or Widowed

Single

Occupation

Landlord

Name of Wife or
HusbandFather's
Name

Edward Ingram

Father's
Birthplace

Washington Co

Mother's
Maiden Name

Martha Hewitt

Mother's
Birthplace

Washington County

Name of person giving
In formation

Daniel Oswald

How related
to deceased

Brother in law

CAUSES OF DEATH

Primary

Cancer

45

How long

One year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

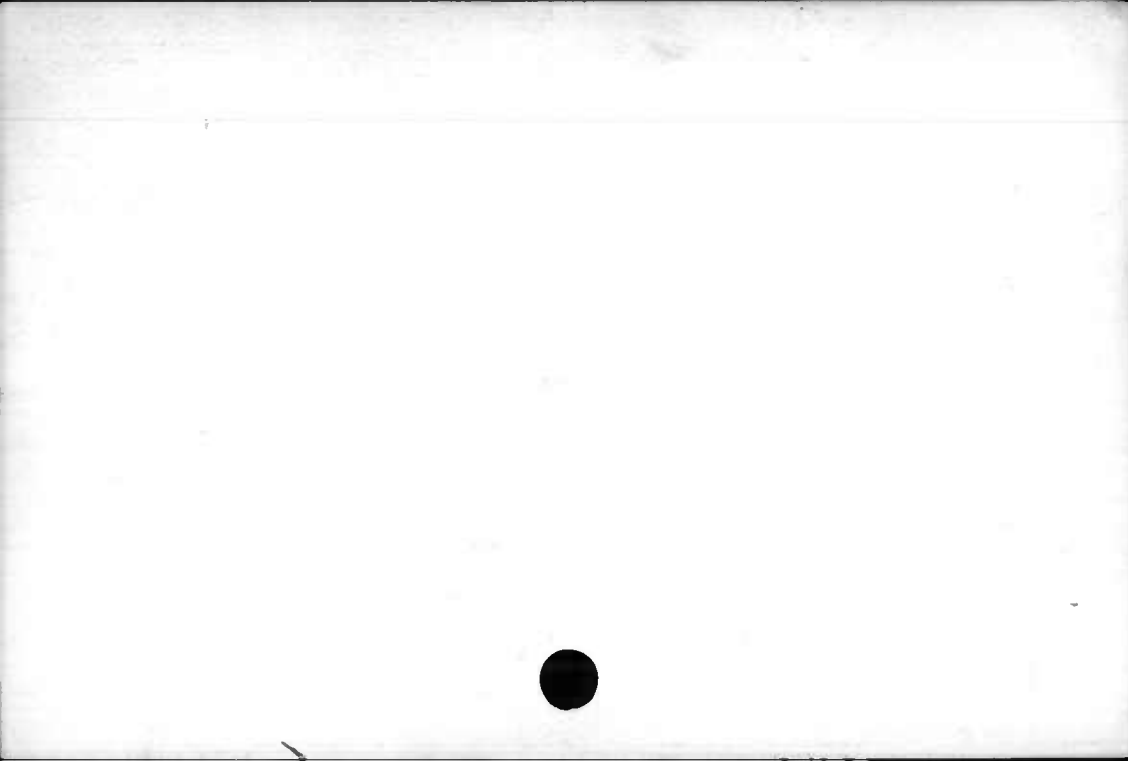
E. Tracy Bishop

Address

Smithsburg
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

George Washington Jackson No 145

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Williamsport, Washington County Washington State MARYLAND

Date of death 1903 Month Aug. Day 14 Age 47 Years 11 Months 10 Days

Sex Male Color or Race White Birth-place Williamsport.

Married, Single or Widowed Widowed Occupation Boatman

Name of Wife or Husband Sally Brumbaugh

Father's Name Wm Jackson Father's Birthplace Maine

Mother's Maiden Name Margrida Lancaster Mother's Birthplace Delaware

Name of person giving information Bro Thomas How related to deceased Bro

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 10 years

Immediate wore out How long 6 months

Are the name, age, sex, color, date and place correctly given above?

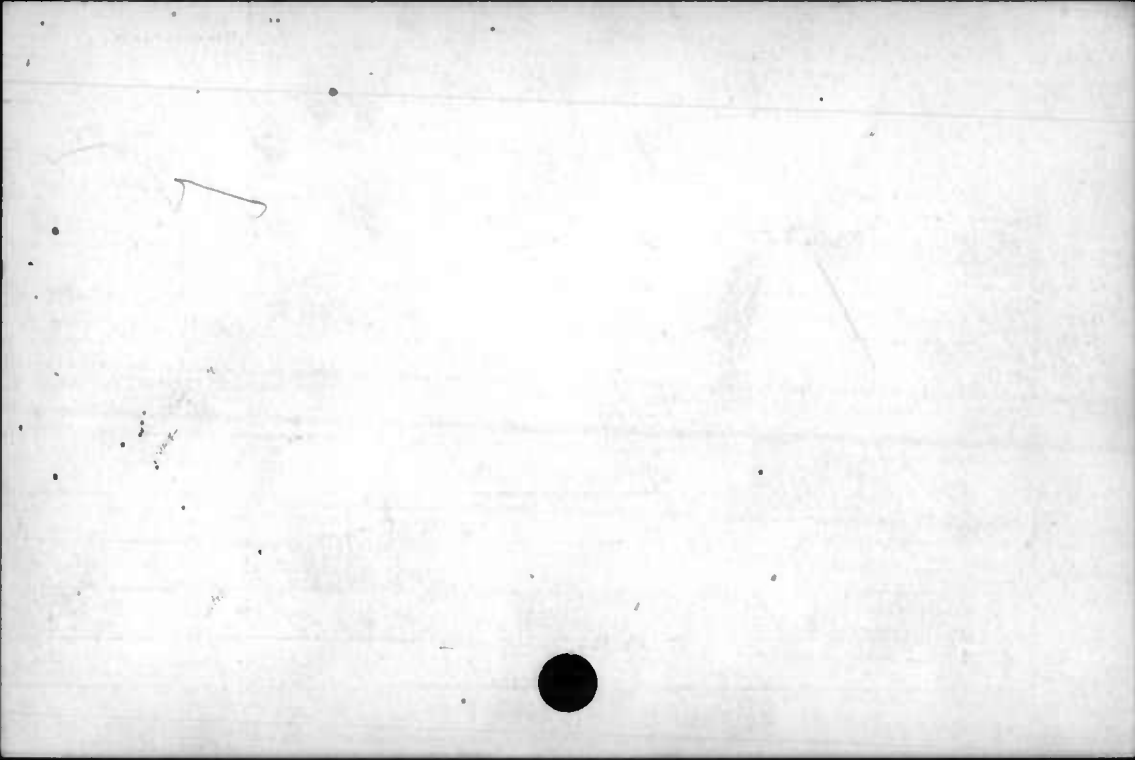
Signature of Physician

Address

J. F. KnappJ. H. Sweeney
Williamsport, Md

Accident or Suicide?

Indeterminate



Name
in
Full

Still Born

CERTIFICATE OF DEATH

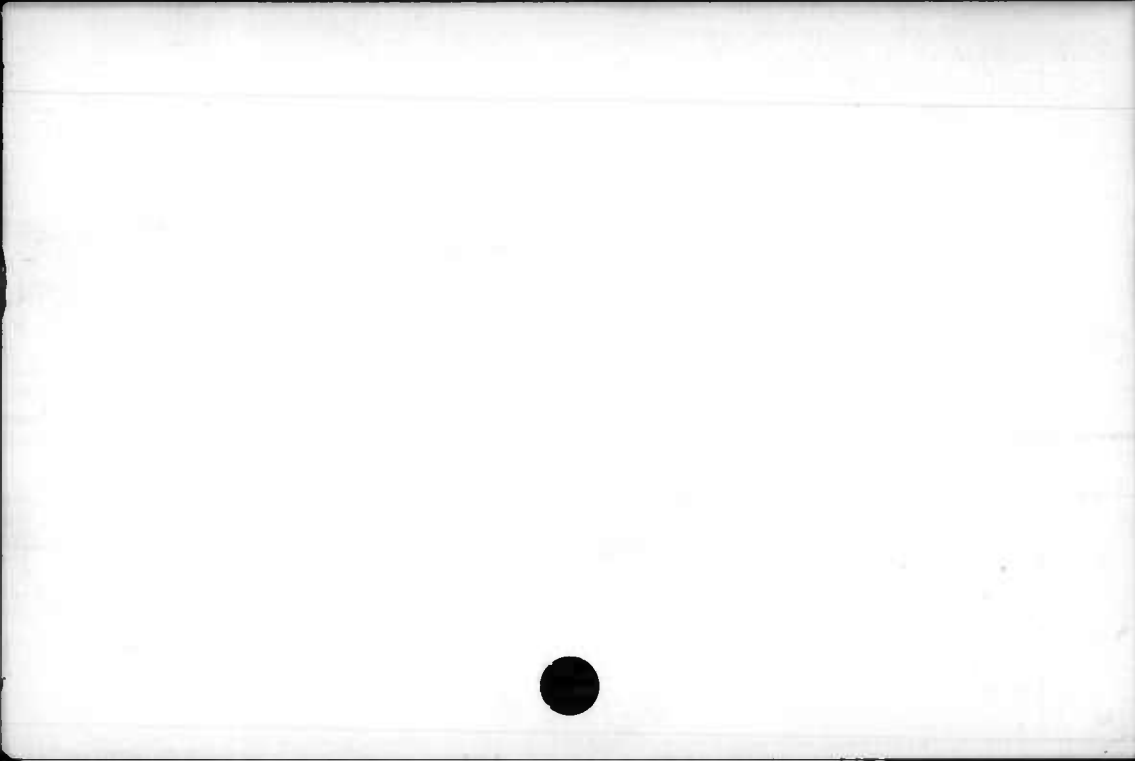
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Aug	28				
Sex	Male		Color or Race	Black		Birth-place	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Thomas Jones					Father's Birthplace	md
Mother's Maiden Name	Mary Parquette					Mother's Birthplace	md
Name of person giving Information	Thomas Jones					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	
Immediate	ll	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. C. M. L. L. L.	
Address		1740 T. Ave.	
Accident or Suicide?			



Name

in Full

CERTIFICATE OF DEATH

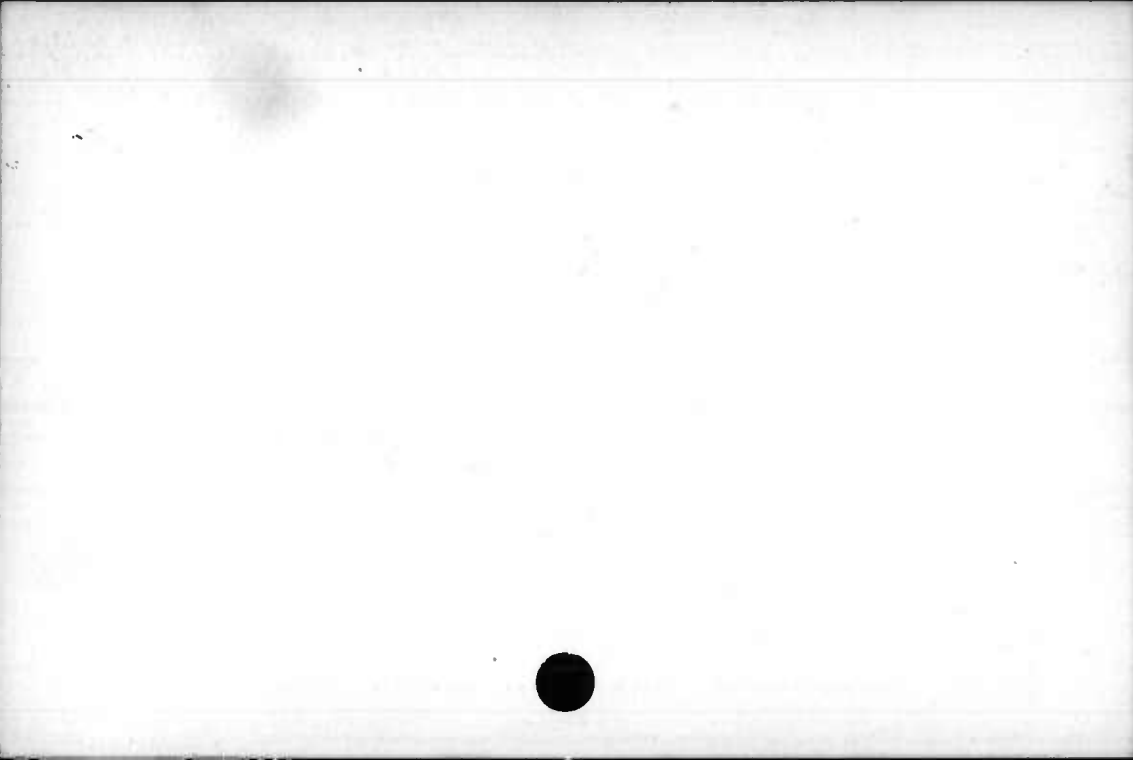
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>10</i>	Age <i>39</i>	Years	Months <i>6</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>					
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Thomas Leailer</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Mary Withner</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Hus Leailer</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pelvic Abscess</i>	How long <i>Eighteen months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. & Seon</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Abanetta Lake

CERTIFICATE OF DEATH

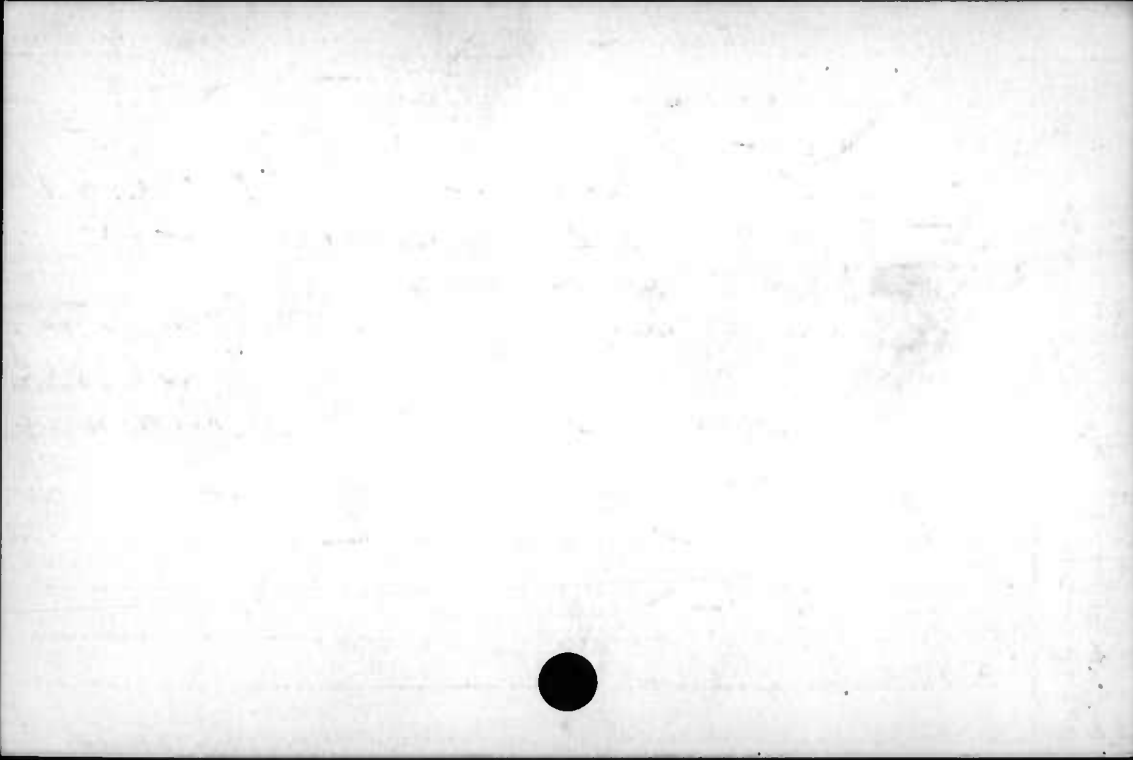
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i>		Town <i>Washington</i>		County <i>No 144</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>38</i>	Years <i>7</i>	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harrisburg Pa</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housekeeper & Cook</i>					
Name of Wife or <i>Robt. D Lake</i>							
Father's Name <i>Saml Jones</i>				Father's Birthplace <i>Wm. p. h. a</i>			
Mother's Maiden Name <i>Julia Durham</i>				Mother's Birthplace <i>Was Co Md</i>			
Name of person giving information <i>Husband</i>				<i>79</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart trouble</i>	How long	<i>Five years</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W S Richardson</i>	
<i>J F Snipes Undertaker</i>		Address <i>Williamsport Md</i>	
Accident or Suicide?			



Bessie M Lynch

No 147

CERTIFICATE OF DEATH

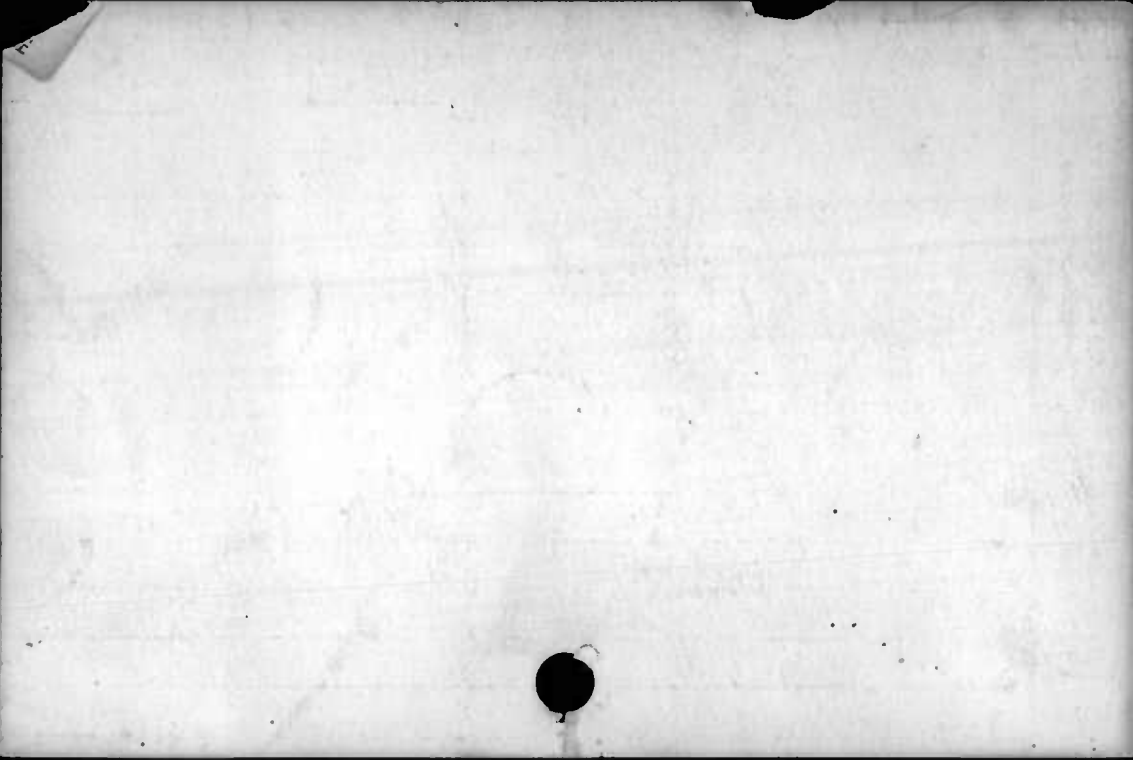
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlottesville</i> Town		<i>Berkeley Co</i> County		<i>W. Va</i> MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>18</i>	Years <i>14</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Housework</i>				
Name of Wife or Husband <i>None</i>					
Father's Name <i>Andrew Lynch</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Maria Landis</i>			Mother's Birthplace <i>Templeton</i>		
Name of person giving information <i>David Strom</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>16 days</i>
Immediate <i>Inflammation of bowels & stomach</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Hemaster</i>
<i>J. P. 7 Eup. Underhill</i>	Address <i>Bedington W. Va</i>
Accident or Suicide?	



Name
in
Full


CERTIFICATE OF DEATH

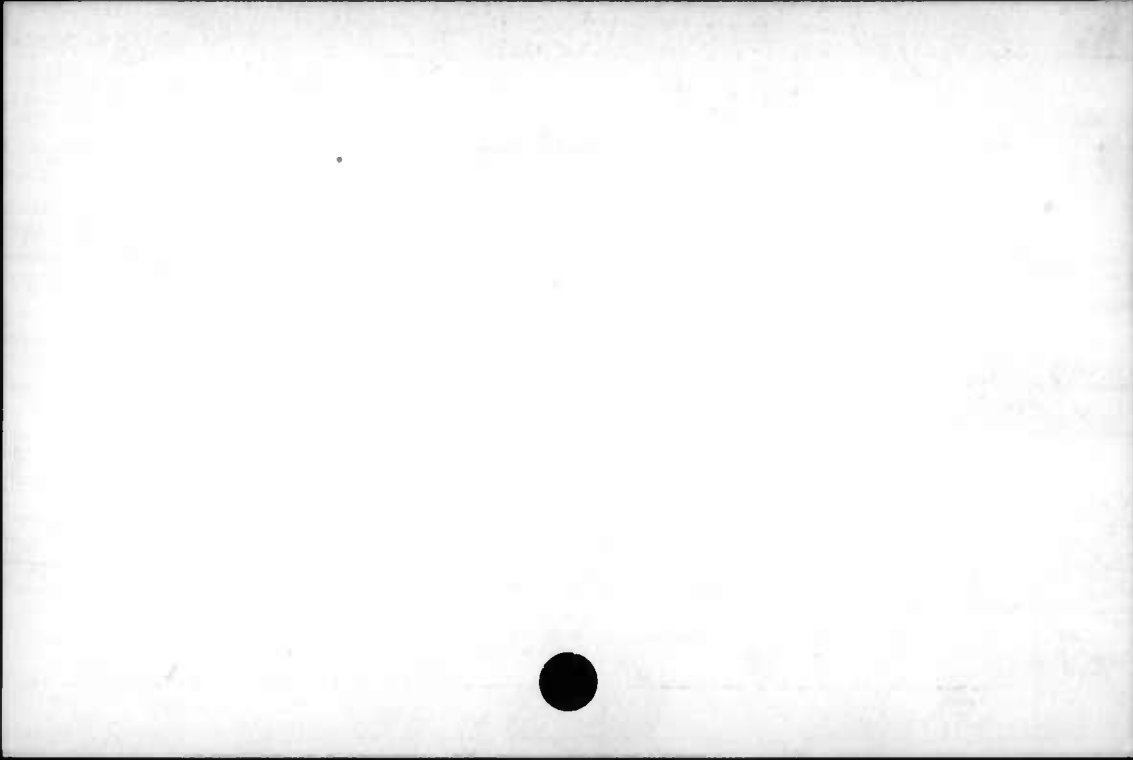
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haystack</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>18</i> <small>Age</small>	<i>89</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Bredentice Ind</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>House work</i>				
Name of Wife or Husband <i>William Michell</i>					
Father's Name <i>Samuel Souyless</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Not Known</i>		
Name of person giving information <i>Mrs Brooks</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart Failure</i>	<i>179</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	How long <i>70</i>
Signature of Physician <i>A. K. Coffman</i>	Address <i>Haystack, Md</i>
	
Accident or Suicide?	<i>Funeral Director</i>



Name
in
Full

Preston Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 1903	Month 8	Day 3	Age	Years	Months 3	Days	
Sex Male	Color or Race Black		Birth- place Md				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Charles Miller				Father's Birthplace			
Mother's Maiden Name Edna Hall				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	151	How long	3 mos
Immediate	Exhaustion		How long	3 mos
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician C. Scheller	
			Address Hagerstown Md	
Accident or Suicide?				



Name
in
Full

Sarah Monroe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Boonsboro		Washington		MARYLAND	
Date	Month	Day	Years	Months	Days		
of-death 1903	Aug	14	Age 52				
Sex	Female		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed	Widowed			Occupation			
Name of Wife or Husband	Robert Monroe						
Father's Name	Daniel Hening				Father's Birthplace	Germany	
Mother's Maiden Name	Oliza Thomas				Mother's Birthplace	Maryland	
Name of person giving information	Lavinia Hacker				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy -		How long	3 hours -
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. B. Wheeler
			Address	Boonsboro
Accident or Suicide?			Washington Co	



CERTIFICATE OF DEATH

MARYLAND

Died at *Bellevoir* Town

County Washington

Date of death 1903 Month Aug

Day
28

Age ^{Years} *about 70*

Months

Days

Sex *Female*

Color or Race

contacts

Birth-place *Chambersburg Pa.*

Occupation *HW*

Where Residing if not at place of death *an inmate* { *Hagerstown*
3 days

Married, Single or Widowed Unkn.

Name of ~~Wife~~ or
Husband

James P. Zundel

Father's Name Alfred Henderson

Father's Birthplace

Mother's
Maiden Name Elizabeth Smith

Mother's Birthplace

Name of person giving information John F. Kennedy 120

How related to deceased *Brother in law*

CAUSES OF DEATH

Primary Drug habit? / Brights

How long 57/20

Immediate Effects of Dance & Instruction

How long
3 days. inside my Car.

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. J. M. M. S.*

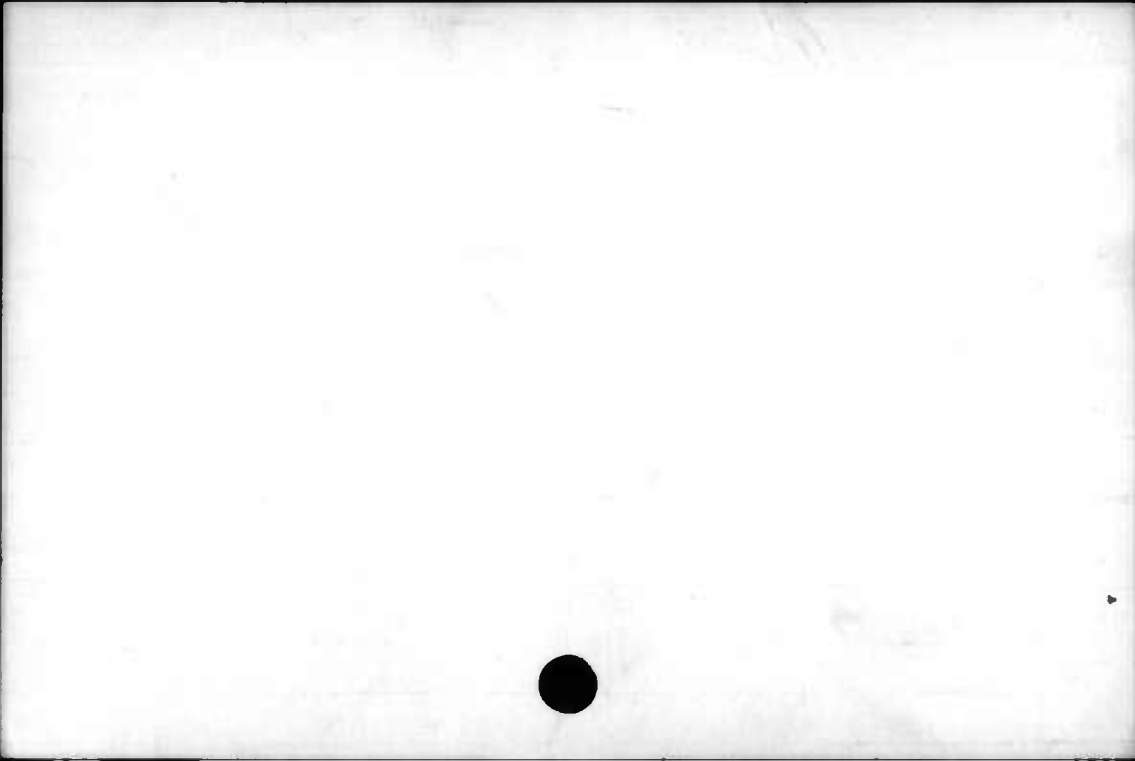
Address Hagerstown Md.

Accident or Suicide? *100*

I learn from her physician. She had Bright's

**TO BE ANSWERED BY
NEAREST FRIEND**

**PHYSICIAN
OR CORONER**



Name
in
Full

Edward Murphy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Hagerstown		^{County} Washington		MARYLAND	
Date of death 1903	Month Aug	Day 28	Age 61	Months —	Days —
Sex male	Color or Race white		Birthplace Va.		
Married, Single or Widowed married		Occupation R. R. Fireman			
Name of Wife or Husband					
Father's Name Not Known			Father's Birthplace "		
Mother's Maiden Name "			Mother's Birthplace "		
Name of person giving information H. R. Beard			How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Crushed & scalded	How long 166
Immediate	in R. R. Accident	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician
		Address
Accident or Suicide? accident		Signature of Undertaker
		Hagerstown Md.



Name in Full

Certificate of Death

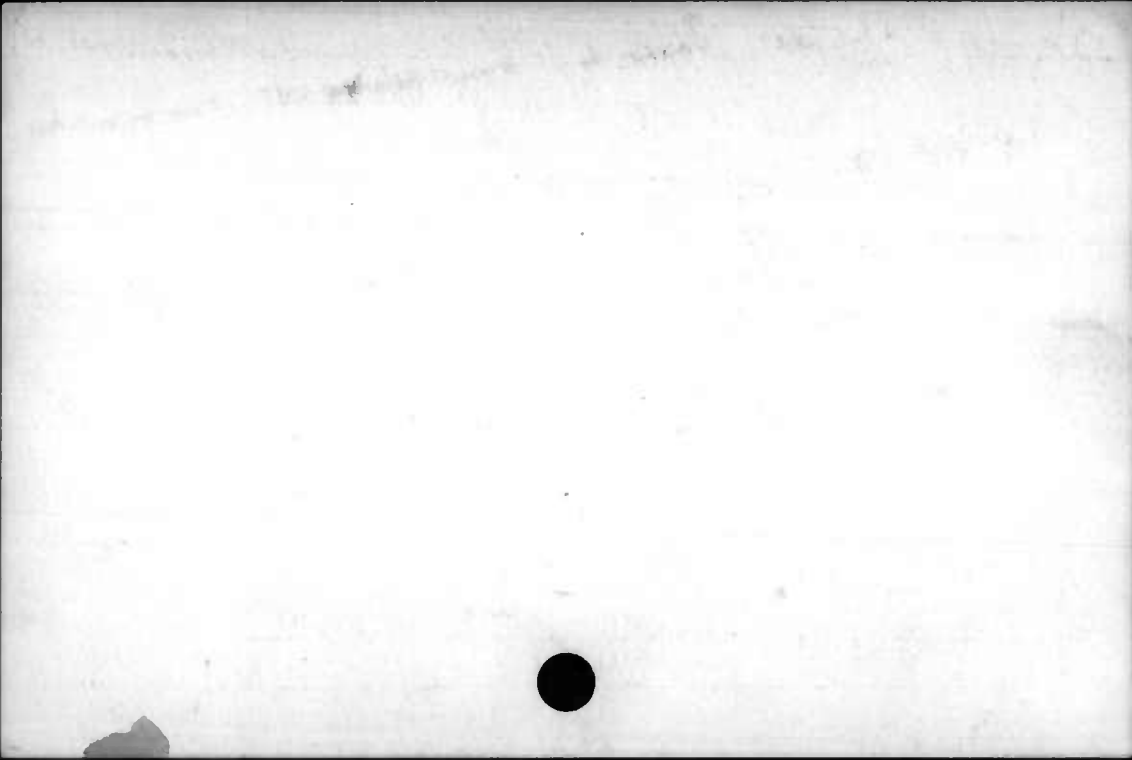
William Nowell No 148
 Died at ^{Town} Williamsport ^{County} Washington MARYLAND
 Date 1903 August 20th | Age 66 | Native of U.S.A. | Occupation Blaster
 Male White Married ~~Widow~~ ~~Single~~ ~~Widower~~ Number of children living none
 Husband of Martha Nowell
 Wife
 Father's Name John Nowell Mother's Maiden Name Rebecca Thomas
 Cause of Death { Primary Consumption of Lungs Exhausting | How long sick Lost four months
 Immediate | Accident, Suicide, Homicide
 Reported by Dr. D.T. Lesher
 Address Williamsport Maryland
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

19031 - 81	21	
1838 - 121	11	
<hr/>		
64.8	10	age

Jim Miller

Jim Miller
Undertaker

Name in Full		Mrs. Mary Powell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Snowsonton	County Washington		MARYLAND	
	Date of death 1902		Month Aug	Day	Age 69	Years	Months —
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband		Housewife				
	Father's Name		William Powell				
	Mother's Maiden Name		Jacob Jones				
PHYSICIAN OR CORONER	Name of person giving information		william Powell		Father's Birthplace		
					Mother's Birthplace		
					How related to deceased		
					10urbay		
CAUSES OF DEATH							
	Primary		Valvular disease of heart			How long	
	Immediate		heart			About 1 year	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. J. Smith		
			Address		Bovonsboro		
	Accident or Suicide?				Ind		



Name
in
Full

Martha Jane Price

CERTIFICATE OF DEATH

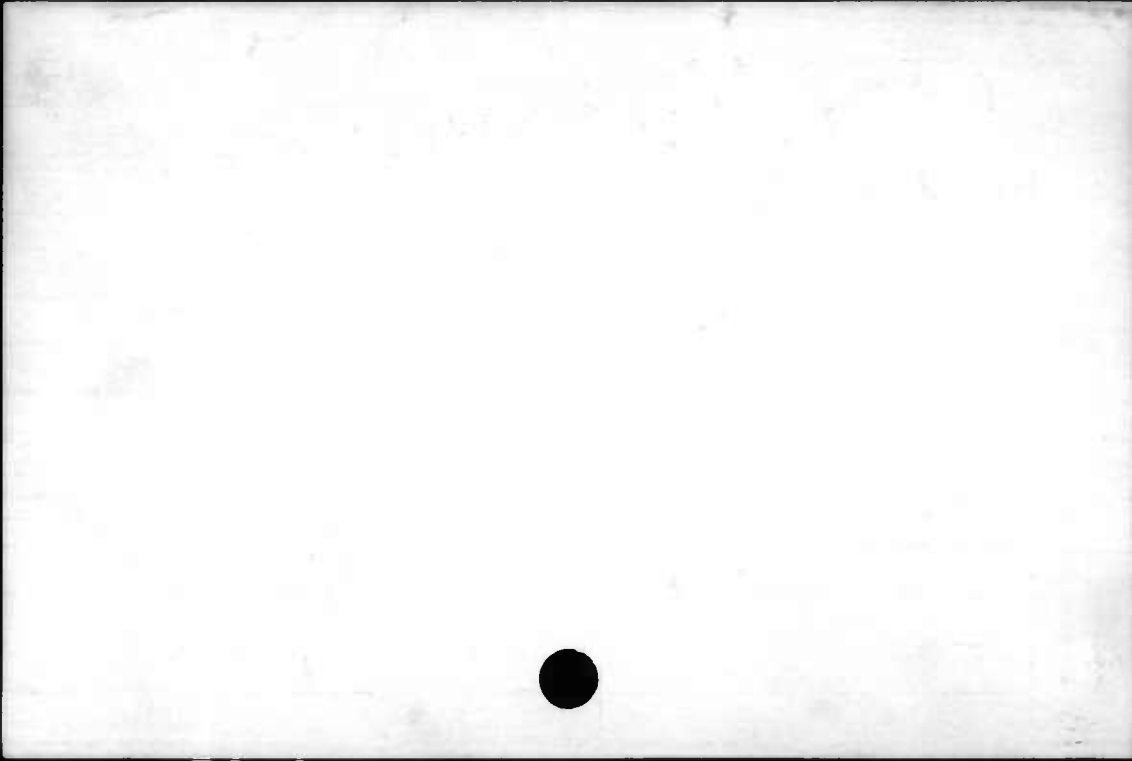
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 190		3 Aug		8		Age 55	
Sex		Female		Color or Race		Black	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		Wm Price -					
Father's Name		Wm Harrison -				Father's Birthplace	
Mother's Maiden Name		Cynthia Harrison				Mother's Birthplace	
Name of person giving information		Wm Price - Cynthia Harrison				How related to deceased	
						Husband & mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholelithiasis	How long	11 years
Immediate	Ulcerative Angiocholangitis	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. J. Mason	
Address		Clearspring	
Accident or Suicide?		md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John William Reeder		Town Sandy Hook		County Washington		MARYLAND	
Died at Sandy Hook		Date of death 1903 Month Aug. Day 9 Age 35 Years Months Days					
Sex Male		Color or Race White		Birth-place Sandy Hook			
Married, Single or Widowed Married		Occupation Breakman B&O, R.R.					
Name of Wife or Husband Sahra E Reeder							
Father's Name Samuel H. Reeder		Father's Birthplace Va.					
Mother's Maiden Name Alejinda Long		Mother's Birthplace Va.					
Name of person giving information Samuel H. Reeder		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Killed by B. & O. R. Train	How long
Immediate	How long

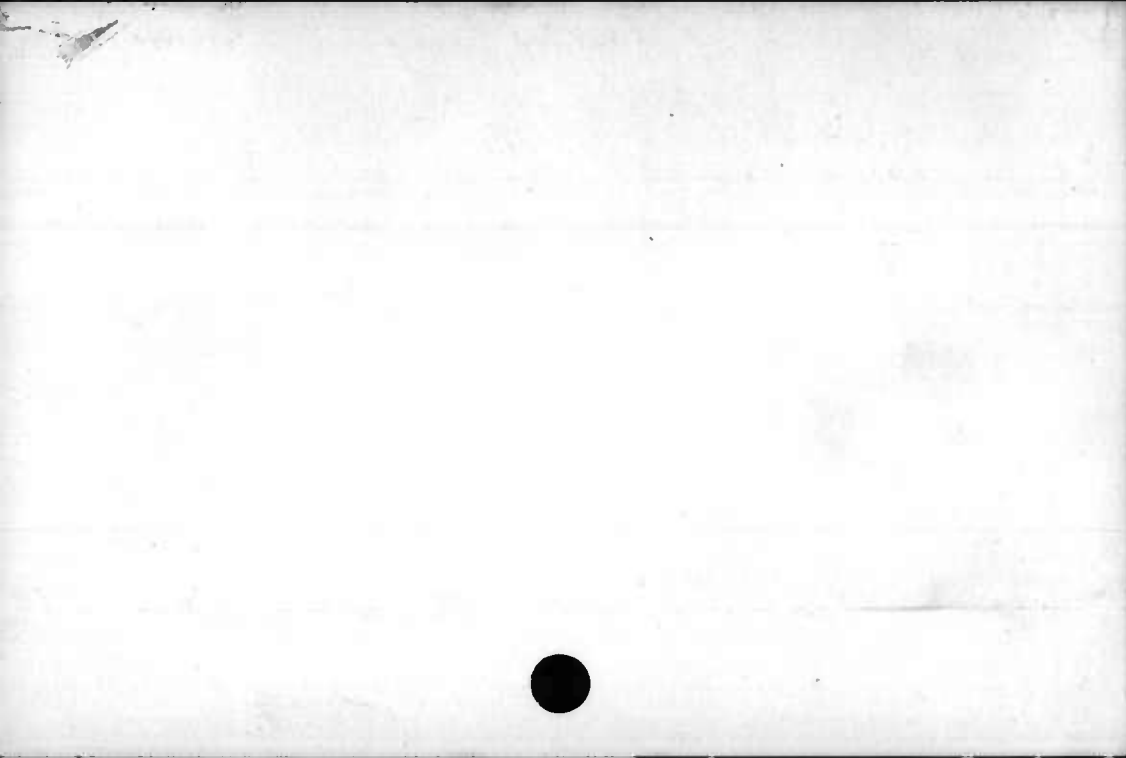
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

W. M. Clark



Name
in
Full

Elizabeth Reuner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND		
Date of death 190	<i>3</i> ^{Month}	<i>Aug</i>	<i>6</i> ^{Day}	Age <i>80</i> ^{Years}	<i>6</i> ^{Months}	<i>6</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sharpsburg</i>			
Married, Single or Widowed <i>Married</i>	Occupation					
Name of Wife ^{Husband} <i>Solomon Reuner</i>						
Father's Name <i>John Smith</i>	Father's Birthplace					
Mother's Maiden Name <i>Mary Ann Otto</i>	Mother's Birthplace					
Name of person giving information <i>Solomon Reuner</i>	How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age & Rheumatism</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>Five months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Howell Gardner</i>
	Address <i>Sharpsburg - Md.</i>
Accident or Suicide?	

Chas. S. Wade
undertaker

Name
in
Full

Marshall Ditto. Richards

CERTIFICATE OF DEATH

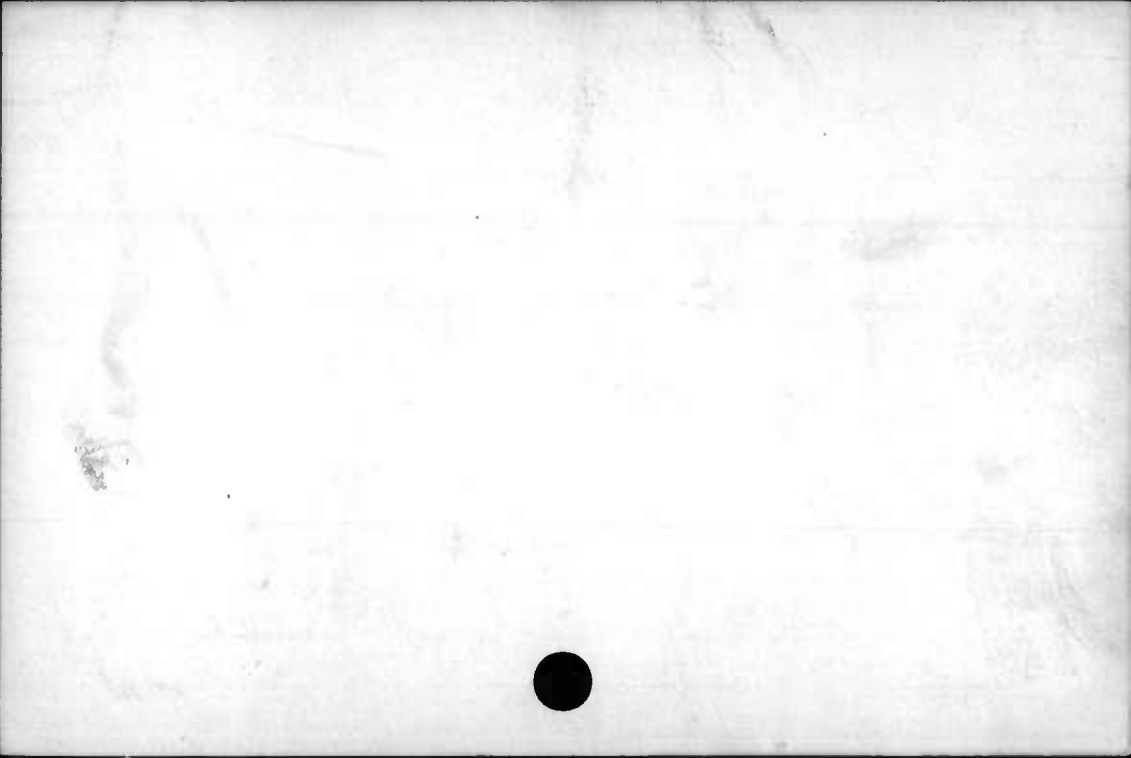
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hancock</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Aug.</i>	Day	<i>9</i>	Age	<i>4</i>	Months	<i>5</i>
Sex	<i>Male</i>			Color or Race	<i>White</i>		Birth-place	<i>Hancock, Md.</i>	
Married, Single or Widowed					Occupation				
Name of Wife or Husband					<i>Infant child of Raymond Richards</i>				
Father's Name					<i>Raymond Richards</i>				
Mother's Maiden Name					<i>Mary Virginia Ditto.</i>				
Name of person giving information					<i>Raymond Richards</i>				
					Father's Birthplace <i>Hancock, Mo.</i>				
					Mother's Birthplace <i>"</i>				
					How related to deceased <i>Father.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Meningitis</i>		How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>		How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>R. A. West,</i>	
			Address <i>Hancock</i>	
			<i>Md.</i>	
Accident or Suicide? <i>—</i>				



Name
in
Full

CERTIFICATE OF DEATH

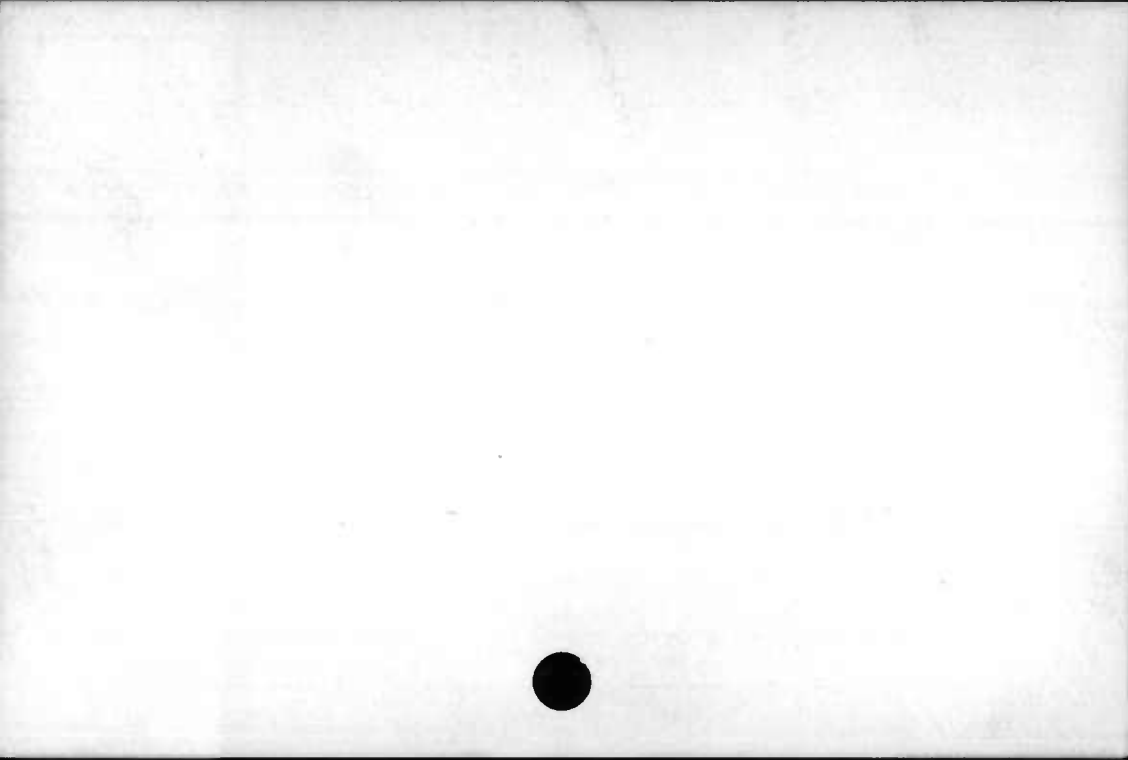
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Scoppins</i>		Town <i>Belmont</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Belmont</i>		Month <i>Aug</i>		Day <i>29</i>		Age <i>82</i>	
Date of death 190 <i>3</i>		Months <i>8</i>		Days <i>16</i>			
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Bonnsboro</i>		<i>ma</i>	
Single <i>single</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Charles Scoppins</i>		Father's Name <i>Charles Scoppins</i>		Father's Birthplace <i>Tennessee</i>			
Maiden Name <i>Catharine Riley</i>		Mother's Name <i>Catharine Riley</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Mrs Charles Scoppins</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>	How long <i>3 years -</i>
Immediate <i>— — — 79</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Muller and Son</i>
	Address <i>Bonnsboro</i>
Accident or Suicide?	<i>Washington Co Maryland</i>



Name in Full

Certificate of Death

Catharine Singer

Town

County

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	8	29	Age	67	11	25	md Housewife
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living 2	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75034

John Cass 70

Stephy 80

Mary Stephy

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

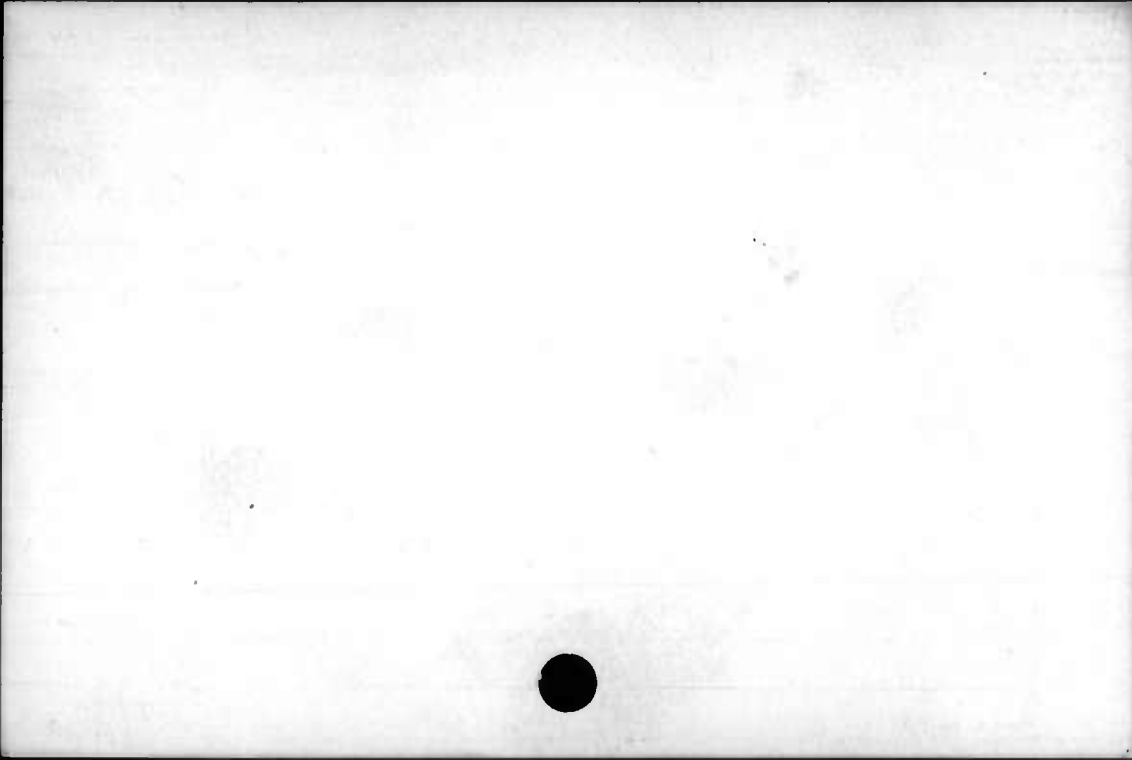
William E. Sites

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>Aug.</i> <small>Day</small>	<i>5</i> <small>Years</small>	<i>29</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>widower</i>		Occupation <i>Baker</i>			
Name of Wife or Husband <i>Virgie Bellman Sites.</i>					
Father's Name <i>Harry Sites.</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mary E. Leiter</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Chas E. Sites</i>			How related to deceased <i>brother.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>27</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Warrick</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

Sophia L. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month <i>8</i>	Day <i>20</i>	Age <i>84</i>	Years <i>84</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Retired</i>		Birth-place	<i>MD</i>	
Where Residing if not at place of death			<i>Leicester Pa</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		
Father's Name	<i>don't know</i>			Father's Birthplace	
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	
Name of person giving Information	<i>J. H. Smith</i>			<i>79</i>	
How related to deceased			<i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulver Heart Disease</i>	How long	<i>—</i>
Immediate	<i>Pulmonary Haemorrhage</i>	How long	<i>Instant death</i>
Are the name, age, sex, color, date and place correctly given above?		<i>ye</i>	
Signature of Physician		<i>M. P. Scott</i>	
Address		<i>Hagerstown, Md</i>	
Accident or Suicide?			



Name

in
Full

George Elbert. Sanders.

CERTIFICATE OF DEATH

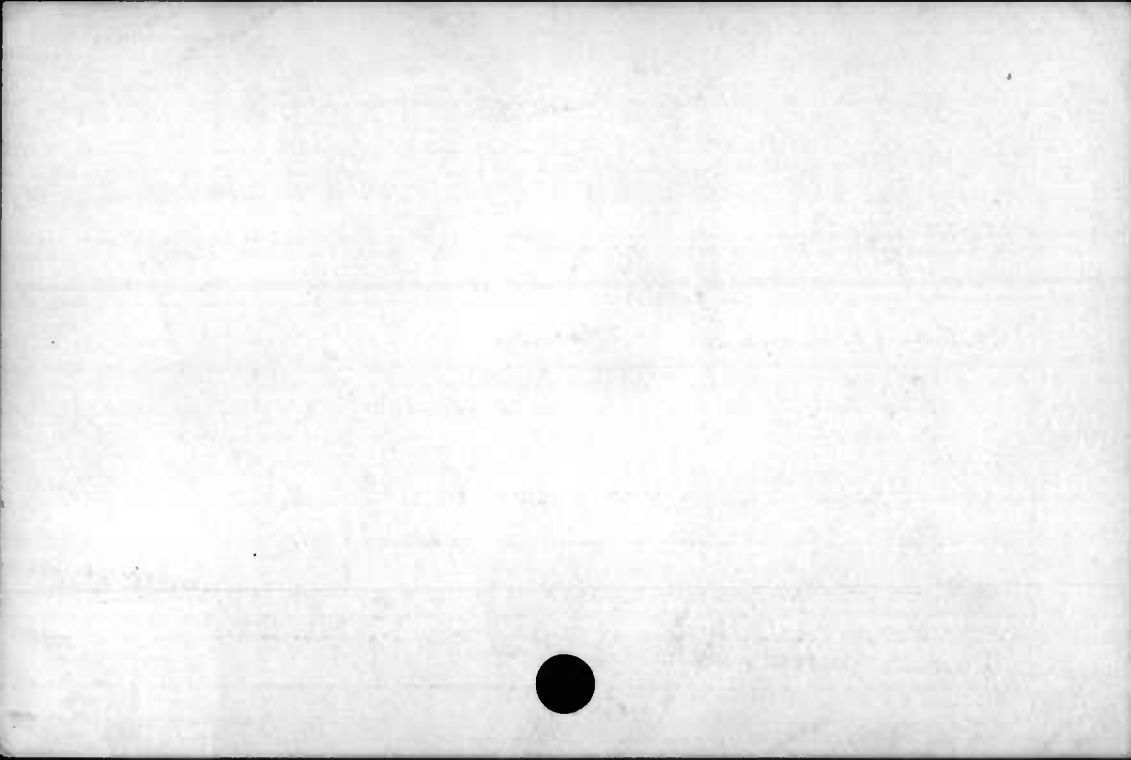
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Manassas</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>22</i>	Age <i>18</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Manassas Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert. Sanders.</i>			Father's Birthplace <i>Manassas Md</i>		
Mother's Maiden Name <i>Jennie Mello.</i>			Mother's Birthplace <i>Frederick Md</i>		
Name of person giving information <i>Albert. Sanders.</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Innate</i>	How long <i>14 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. E. Shyne</i>
	Address <i>Manassas Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Infant child of Jacob & Ada Stine

Town

County

Died at

PA
MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug

30

Age

30

PA

Infant

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

unknown

How long sick

one day

Death

Immediate

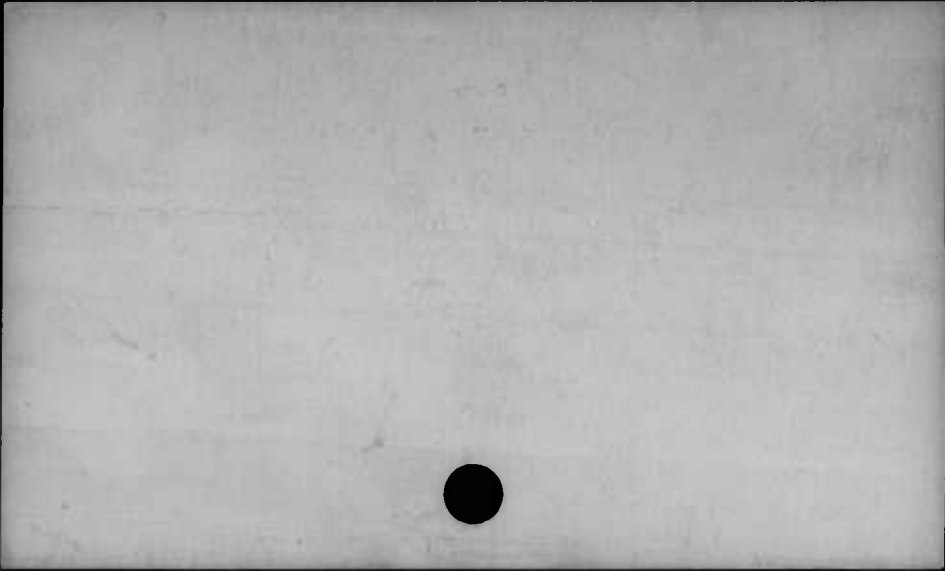
convulsions

Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Beatrice H Stiner

CERTIFICATE OF DEATH

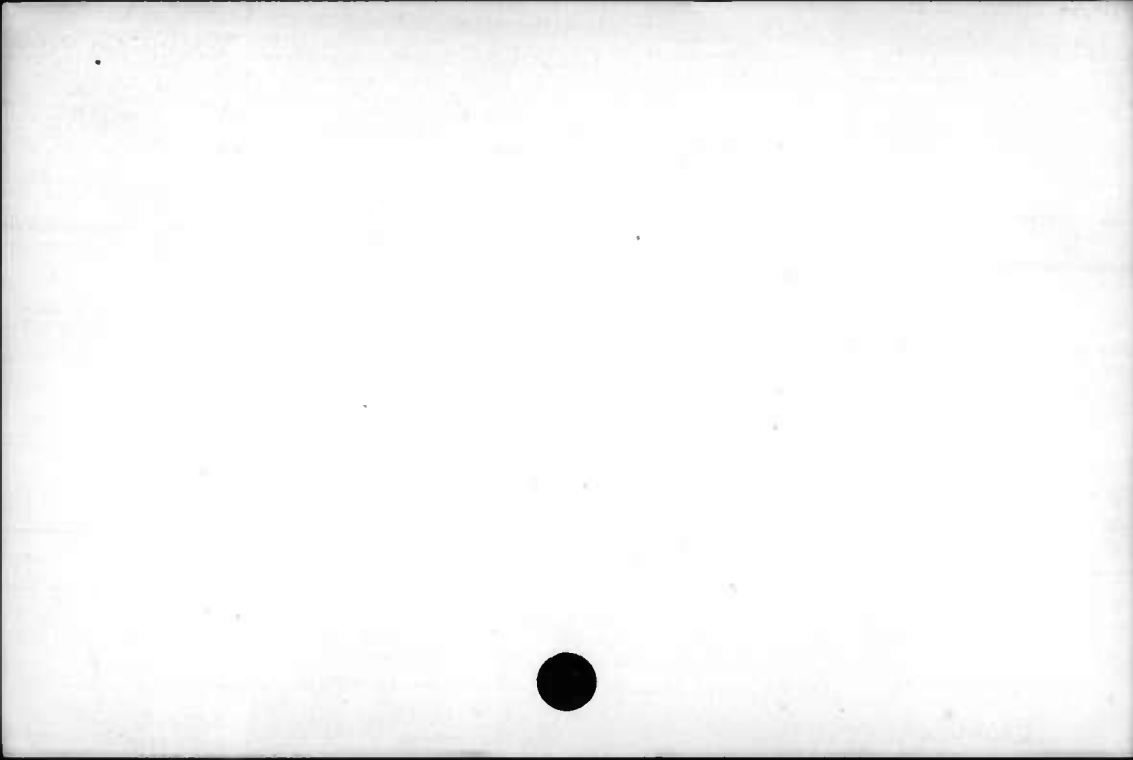
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 190 <i>7</i>		Month <i>8</i>		Day <i>14</i>		Age <i>1</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months		Days <i>5</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>					
Name of Wife or Husband <i>None</i>									
Father's Name <i>Francis B Stiner</i>					Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Ada E Lisher</i>					Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Ada E Stiner</i>					How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>		How long <i>10 days</i>	
Immediate <i>Yes</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Scott</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide?			



Name
in
Full

Ruth Ann Stotemyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Beaver Creek ^{County} Washington

MARYLAND

Date of death 1903. ^{Month} Aug. ^{Day} 9th ^{Age} 59 ^{Years} ^{Months} 11 ^{Days} 5Sex Female ^{Color or Race} White ^{Birth-place} Frederick Co. Md.^{Married, Single or Widowed} Single ^{Occupation} Housekeeper.^{Name of Wife or Husband}^{Father's Name} Jonathan Stotemyer ^{Father's Birthplace} Fred. Co. Md.^{Mother's Maiden Name} Susan Blickenstaff ^{Mother's Birthplace} Fred. Co. Md.^{Name of person giving information} O. J. Stotemyer ^{How related to deceased} Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER^{Primary} Encephalitis ^{How long} 1 week^{Immediate}
^{Are the name, age, sex, color, date and place correctly given above?} Yes ^{Signature of Physician} E. J. Smith^{Address} Boondoro^{Accident or Suicide?}



Name
in
Full

CERTIFICATE OF DEATH

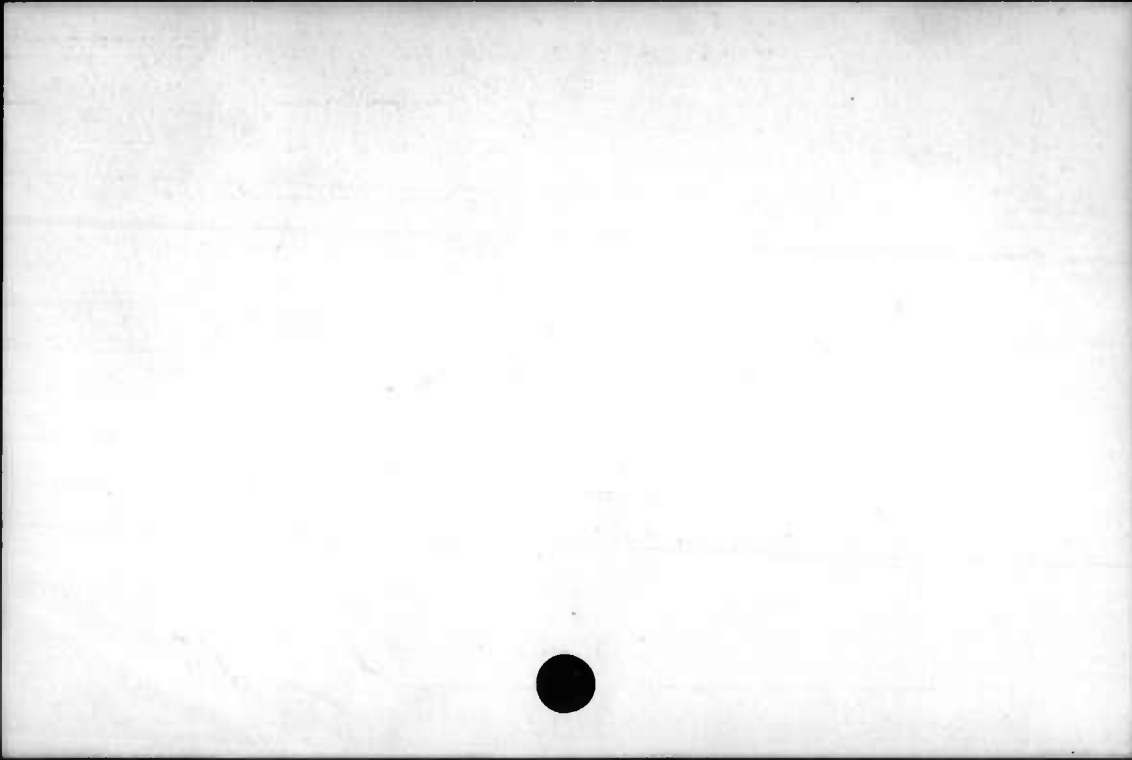
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frankston</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	3	Month <i>Aug.</i>	Day <i>24</i>	Age Years	Months <i>2</i>		Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Bethalto</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Edward Sweeney</i>				Father's Birthplace			
Mother's Maiden Name <i>Edith Hindell</i>				Mother's Birthplace			
Name of person giving In formation <i>Mother</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General. Exhausted 151</i>		How long	<i>4 weeks.</i>
Immediate			How long	<i>4</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. F. Reacher</i>	Address <i>Frankston</i>	
		Accident or Suicide?		



Paul E. Lumber

Town

County

Died at Hagerstown

Washington Co,

MARYLAND

Date 1903. 8, 2

Month

Day

Y.

M.

D.

Age

6 months

Native of

Hagerstown

Occupation

Child

Date 1903.

8,

2

Age

6 months

Native of

Hagerstown

Occupation

Child

Female

White

Married

Widow

Divorced

Colored

Single

Widow

Number of children living

Husband of

Wife

Father's Name

Samuel Lumber

Mother's Name

Eugenia F. Lumber

Cause of

Primary

Influenza

Death

Immediate

Influenza

How long sick

Accident, Suicide, Homicide

Reported by

Chas. B. Boyle M.D.

Address

Hagerstown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

r/k



Name
in
Full

CERTIFICATE OF DEATH

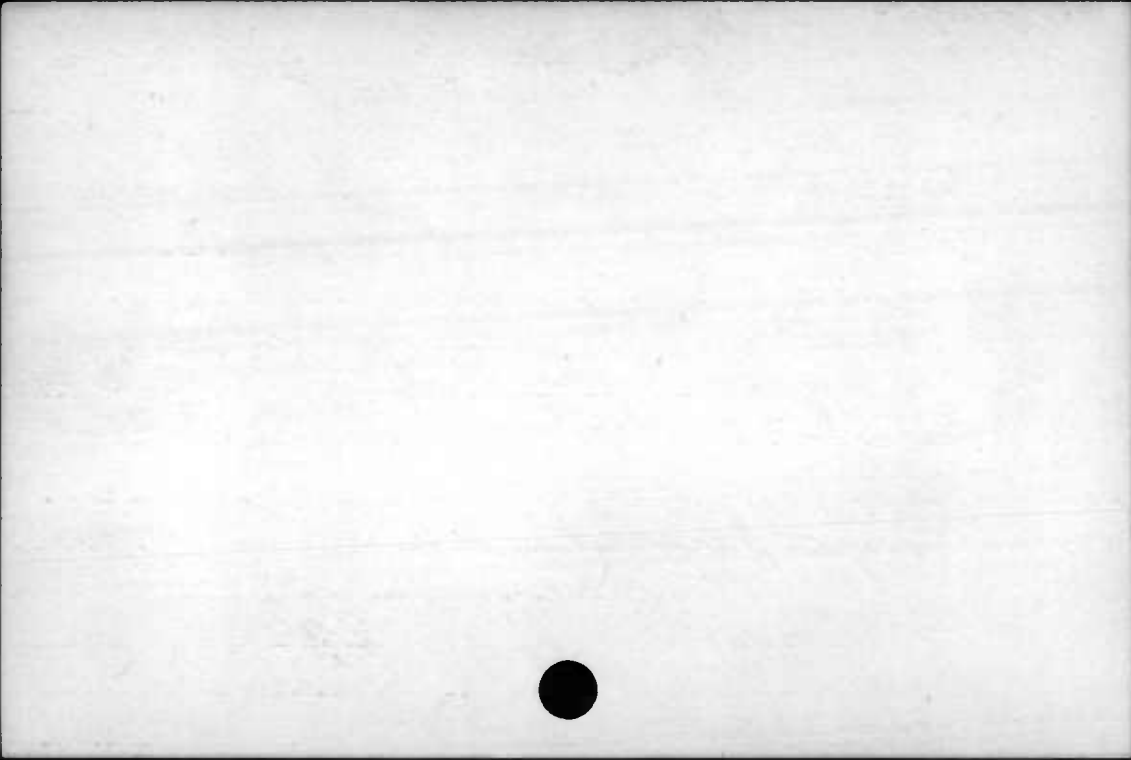
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henrietta Swope</i>		Town <i>Smithsburg</i>		County <i>Washington</i>		MARYLAND	
Died at							
Date of death 190		3	Month <i>Aug</i>	30 th	Day	78	Years
						11	Months
						16	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Wash. Co. Md.</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Jacob Swope</i>							
Father's Name <i>Jacob Bowers</i>		Father's Birthplace <i>Wash. Co. Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Geo Kendall</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Failure due to Old Age</i>	How long <i>Several Weeks</i>
Immediate <i>"</i>	How long <i>" days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. S. Proszman</i>
	Address <i>Smithsburg. Md.</i>
Accident or Suicide? <i>_____</i>	



Killie Lee Valentine

Died at

Town
Keokuk

County
Washington

MARYLAND

Date 1903

Month

8

Day

14

Age

5.20

Y.

M.

D.

Native of

Ind

Occupation

—

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

H. A. Valentine

Mother's

Maiden Name

Martha Emerson

Cause of

Primary

Inanition

Death

Immediate

*Menigitis**61*

How long sick

3 weeks~~Accident, Suicide, Homicide~~

Reported by

W. M. Kilgus

Address

Keokuk Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frances Anne Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Broom's Cross		County Washington		MARYLAND	
Date of death 190	3	Month August	Day 28	Years Age	66	Months 8	Days 23
Sex	Female		Color or Race	White		Birth- place	Messersville, Md.
Married, Single or Widowed	Married			Occupation	Housewife		
Name of Wife or Husband	Eddie Wade						
Father's Name	Jacob F. Harper					Father's Birthplace	Annetown, Md.
Mother's Maiden Name	Elizabeth Longgett					Mother's Birthplace	Bridgettsville, Md.
Name of person giving information	Eddie Wade					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastric Atrophy & Anemia	How long	2 years
Immediate	Enteritis & Debility	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			J. Hubert Wade.
		Address	Broom's Cross - Maryland.
Accident or Suicide?			

